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JOHN WATSON, M.D.,

ATTENDING SURGEON.

LECTURE II.

GENTLEMEN:—In our last discourse on the subject of amputations in general, I gave you the various steps for performing the operation. I described to you what was called the circular, and also the conical method, giving you to understand that the latter was my favorite operation, and one which I always performed. I wish to qualify this latter statement by saying, that I never resort to it in amputations through the joints, inasmuch as in those cases it is always necessary to have flaps. In the case of that poor girl in Ward 5, whose arm was amputated at the shoulder joint, you will recollect that I made an outer and inner flap. The same thing is done at the knee joint. We must, as a matter of necessity, have a covering either from the anterior or posterior portion. So again, in the amputations at the ankle joint, in what is called Syme's method, an operation which is performed very frequently in this hospital, we always make two flaps, one anterior and the other posterior; and we find that the cases do remarkably well. The same rule holds good in Chopart's operation, where we make a section between the tarsus and metatarsus. With regard to amputation at the hip-joint, though I have never performed it, I am well satisfied that it cannot be done by the conical method. So, Gentlemen, as a general rule, make use of the flap operation in cutting through joints; but, in the continuity of the limbs, resort to the conical method.

It will not suit my present purpose to go into the minute details of the various operations, and describe all the different steps to be taken, I only wish to give you a few hints in relation to them as the result of my personal experience.

I shall call your attention to some points in connexion with the ordinary operations in continuity, which I ran over a hurried at our last lecture. In the first place you have observed, when I amputate at the leg, that I never carry the saw directly through the bone. If this were done the sharp anterior angle of the shin would come in contact with that portion of the flap covering it, and in consequence of the abruptness of the pressure at that point ulceration would be established. To obviate the occurrence of such a state of things, Dr. Kearney Rodgers advised that the angle of bone referred to, should be sawn off obliquely. This practice I have invariably followed out, and I believe it is also looked upon with favor by my colleagues, who as far as I know, always carry out the principle. I would here remark that this is a practice which is not resorted to as a general rule, outside. When I operated a few days ago by taking off a leg, and after I had sawn off the angle of bone, a surgeon from Boston, who was present, remarked to me that he had never seen such a thing done before.

I shall say a few words in reference to the kind of sponges that are to be used in cleaning a stump. A surgeon is compelled, when searching after the bleeding points of vessels, to apply the sponge constantly for a considerable length of time to the raw surface. Now a sponge is sometimes a very harsh instrument, and a new one is particularly so, because its meshes are very commonly filled with sand. How so much sand gets into them I am at a loss to determine, unless it may be due to the fact that the article is sold by weight. If this conjecture is a true one, the practice is a decidedly iniquitous one, because every time the sponge is applied the sand is apt to get into the cut, and it is a matter of utter impossibility, under those circumstances,

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to have union of the wound by first intention. Hence to avoid any trouble from this quarter you had better never use a fresh sponge, always prefer one which has been tried before. It may seem a small matter to you, but rest assured it is one of very great moment to your patient so far as the chances of a speedy cure are concerned. You have possibly not unfrequently seen surgeons rubbing the surface of a stump with these sponges before they get ready to apply the ligatures. This is a very bad practice, and one which no surgeon should accustom himself to. If you wish to wash off the blood and clear away any clots, simply press the moist sponge against the surface, and you will find it answer every purpose; it is not necessary that you scrub the muscles, unless you wish to court secondary union by lacerating to a greater or less extent everything you touch. This is a practice which I don't remember has ever been dwelt upon; still that is no reason why you should forget it. Everything that tends to bring about union by first intention you should be particular to bear in mind.

Next comes another point which is worthy of your serious consideration—the application of ligatures to veins. Surgeons are very frequently obliged to resort to it, but remember, Gentlemen, that as a rule it is not advisable. There is always an objection against leaving any vein open when its mouth is imbedded in a pool of matter, and where the poisonous fluid is apt to wash over it, for the reason that the inner coat of the vessel is very apt to partake in the suppurative action, and lead to disastrous results. In these cases then you are justified in applying a ligature, but if the parts in the neighborhood, are healthy you do well to hesitate. Generally all that is required to arrest the flow of blood from such vessels, allowing that they are not of large size, is to make use of moderate pressure for a few moments at the bleeding point at the same time you remove obstruction from above. There is another circumstance which you do well to take into account in this connexion, and that is, when the tissues surrounding the vein are so much consolidated as to prevent its closure you are by no means, if the vein be large, to trust to anything but the ligature.

There is another point in reference to amputations that is very much neglected, not only in amputations but in most other operations, and that relates to the too free use of anæsthetics. I am sorry to confess that the practice is common in this institution to an extent which I am satisfied is productive of no good, and doubtless of a great deal of harm. We use here ether almost altogether, and most of you know that we use it liberally, in fact, we are so much in the habit of administering it that most of us do not stop to inquire as to its bad effects. We never have had a case of death from ether, yet that is no argument to prove its harmlessness. I am satisfied that the administration of the article is too long continued, merely for the purpose of talking about the case during or immediately before the operation. I have heard a gentleman lecture full three quarters of an hour upon the mode of performing an operation, while his victim was lying on the table before him breathing all that time the fumes of ether. I think such a procedure is really cruel, notwithstanding it may not be intentional. My rule is, the instant I get a patient under the influence of ether, to stop talking at once, and go to work with my knife, and, when the operation is finished, give the patient the earliest possible chance of recovering himself. A question has been raised by some, whether wounds would not do better if ether or chloroform were not used in the operation; but inasmuch as it is a matter that is not yet entirely settled, I shall not occupy your time by any discussion of it. At all events, I am certain that those who have taken the anæsthetic for a great length of time, when they are compared with those who have not, all other things being equal, suffer far more from general constitutional disturbances for the three or four days succeeding the operation, than do those of the other class. So much, then, for these little points having reference to the after-treatment of amputations. I believe I have touched on almost every-

thing that is of any consequence in a practical point of view.

Now let me ask your attention to another branch of the subject connected with amputations, to which, in regard to its importance, the mere operation itself is a secondary matter. I refer to the formation of a proper decision in any given case, whether it is best that a limb come off, or not. It is unnecessary for me here to state, that to settle this point, in very many cases, to the satisfaction of your own consciences, requires a great deal of very careful deliberation. In this respect this institution has a great advantage over many others of the same character, and that consists in the fact, that no capital operation is considered properly performed unless a consultation is held upon the case beforehand; and this is one of the reasons why we meet, in the treatment of our cases, with so much better results than surgeons in some other institutions. In the hospitals of some countries, and particularly those among the French, each surgeon is master of his own ward, and, as such, acts in every case under his care as he sees proper. The consequence of all this is, that a great many operations are performed on the spur of the moment, sometimes on the ground of an imagined benefit to the patient, sometimes for experiment, and sometimes—I blush to say it, not very unfrequently for display; when, if due deliberation was exercised, and if the surgeon was careful to consult with his colleagues in reference to the propriety of any such proposed measure, the patient might be saved a great deal of unnecessary suffering, and surgery might claim for itself more triumphs. The point we are to consider here has reference to the practicability of performing the operation in any given case, and the probability of the issue, be it successful or unsuccessful. It is impossible to mark out any definite rule for action in these cases, inasmuch as a great many varied circumstances have to be taken into account, which, to be properly appreciated, must be studied more thoroughly than we have an opportunity for doing at present.

In reference, however, to the time of performing the operation, something may be said in a general way. If you see a man who is able to bear a *primary* operation—that is, where the reaction is sufficiently established to allow the limb to be taken off within twenty-four hours, and where you are satisfied that unless you resort to such an expedient his life will be sacrificed, then you must act at once. But here, again, you are not to jump at a rash conclusion; for you must all the time bear in mind, that by waiting until the suppurative process has been established, all other things considered, you have a better chance for curing your patient. This latter operation, performed at the time referred to, in contradistinction to the former one, is termed *secondary*; and the reason why it offers the best chance for a good result is due to the fact, that the human system, after having sustained a shock in the first instance, gets so accustomed in a short time to a certain amount of disturbance, that it is enabled to bear up under a second shock better than the first one. I will illustrate that fact by referring to the following instance: A friend of mine, a physician of this city, has been for some time past subject to periodic attacks of pneumonia, but his system has become so accustomed to such seizures, that after the first day or two he is, to all intents and purposes, as well as ever, and works through it as an ordinary cold. This gentleman, about the 1st of June, called at my house, and at that time expressed himself as feeling rather unwell. He soon went home, and the following morning I called at his office to see if he felt any better, when I found him with rusty expectoration—in fact, he had pneumonia. He then declared to me his intention of going to New Haven to attend the meeting of the American Medical Association. I could not help smiling at the idea, for I thought that, in his condition, such a thing would be utterly impossible. In the course of a day or two, however, he was about, and, to my utter surprise, I heard that he was at New Haven before the adjournment

of the Association, only the sixth day after the first symptom of his trouble, and in a very comfortable state. Now, contrast this case with one of pneumonia as it is ordinarily met with, where the patient is confined to his bed for two or three weeks, and you will get a good idea of what the system can bear when it has become accustomed to a series of shocks. Precisely the same thing happens after an injury. If you take off a limb by the primary amputation, the chances are that the patient may die of the shock; while, on the other hand, if you wait, and watch carefully the case for a fortnight or three weeks, you will take the shock from him, instead of weighing him down by adding another. You saw that illustrated in the girl upon whom we performed amputation at the shoulder-joint. If we had performed the operation immediately after the accident, we would doubtless have caused her death; but we waited for a secondary operation, and you have marked her improvement since. In two or three days she was better than she had been for two weeks before; and in seven or eight days she felt so well that she asked to sit up. Secondary amputation, then, as a general rule, is always the best, and, consequently, the one which should be the most frequently performed. Those cases which imperatively demand a primary amputation are always attended with more or less risk to the patient. In battle-fields, where men, after they have been wounded, carried hurriedly about from place to place, and suffer all sorts of irritations in consequence, primary amputations are justifiable, when they would not be in civil practice.

There is another class of cases in which you may perform the operation, before the process of suppurative has completed itself, and after the patient it has passed the period for a primary operation. One of these cases you saw illustrated in that man, who had suffered from a compound fracture of the leg, and afterwards gangrene, the result of a bandage which had been too tightly applied, before his admission, in order to restrain hemorrhage. If I had not taken that limb off within twenty-four hours of the appearance of mortification, the man would, in all probability, have died from the shock very much sooner. At one time I had hopes of saving him, but they proved futile. This operation was neither a primary nor a secondary one, but a sort of go-between, the prompt performance of which was rendered necessary by the occurrence of a complication. Cases of this class are met with not very unfrequently; and it would be well for us to look into them a little at this time, that we may briefly refer to some of the circumstances which are to be taken into account in an individual case. A man is brought into the hospital with his leg very badly crushed, still you are not satisfied that it is beyond the hope of recovery until a day or two after, when you discover that the posterior tibial artery has ceased to pulsate. You make up your mind that gangrene will follow, and you feel called upon to operate at once. You anticipate the trouble in that instance. Or if, on the other hand, mortification has already showed itself, you are justified in performing the operation even before the line of demarcation has formed. Again, there are cases where the limb will suddenly swell up after an accident, and turn black, a circumstance which may occur the second day, or perhaps not until two or three weeks have elapsed. The case may have been a very ordinary one at first, and up to this time demanded but a small share of your attention. The occurrence of this complication is owing to the fact, that a spicula of bone has caused, by pressure against an artery, an erosion of its coats, and the formation of a false aneurism. You have then no alternative left but amputation, and that, too, immediately. I have several times been compelled to resort to this measure. If we could know exactly the source of the hemorrhage, it would be easy to cut down and secure the vessel; but we have found such a procedure to be impracticable. These amputations may be styled operations for the emergency.

The place at which you should operate is very frequently

a matter of considerable moment, and there are several circumstances which determine the answering of that question. In the first place you will operate upon a wealthy man in one way and a laboring man in another. You make the distinction only in reference to circumstances that each will be afterwards subjected to. A poor man is compelled to wear a wooden leg and get about with it as well as he can. He must therefore have a stump to suit; for instance, his leg is to be amputated for injury at the ankle joint, the section is made at the "point of election," a hands breadth below the tuberosity of the tibia, and that leaves him all that is required for the proper support of the wooden leg. If, on the other hand, a man can afford to pay handsomely for keeping an artificial leg in trim, then the same operation can be performed lower down, and a greater amount of leverage be given by saving some of the muscular attachments. When the artificial leg is taken into account, the lower down the operation is performed the better. The "place of election" is sometimes also determined by the nature of the accident. All other things being equal, if the tissues around the seat of the injury are not filled with extravasated blood, or torn to any great extent, you may operate very near to the point of laceration. But there is a certain class of cases where the circumstances are exactly the reverse; I refer to railroad accidents. The shock to the tissues goes much beyond the point which appears to be the limit of the injury. In some instances where the feet or legs are lacerated by railroad accident, the muscles in the upper part of the limb not unfrequently partake of the shock. You should always recollect that in these cases you are to make your cut some distance from the apparent seat of injury—give yourself plenty of room and you will not regret it. In that case of gangrene of the leg which I have already alluded to, and which was the result of a railroad accident, you will recollect that at the time of the operation there was so much sound tissue below the knee that I was almost tempted to take the limb off at the "place of election;" but in order to make sure of a good result, I determined to amputate through the thigh. Notwithstanding this I found, on cutting through, the muscles in the back part of the thigh that they were flaccid and almost dead. You all followed that case up and know of its termination. The stump did well enough, but death supervened in consequence of phlebitis.

Let me call your attention now to another class of cases which is a source of great annoyance to the surgeon, and almost invariably results in the death of his patient. A person becomes very much exhausted by the suppuration following an accident, and you come to the conclusion at a certain time that it is best to remove such a drain upon his system by amputation. The patient thinks differently, and is determined to stout it out in spite of you. You watch the case with a great deal of anxiety from day to day, may be from week to week, until finally the patient is disheartened and gives his consent only at such a time when the last opportunity for the indulgence of the hope of recovery has passed. You saw a case of that sort a few days ago in Ward 4, which terminated eventually in death—I refer to the Portuguese sailor who was admitted with a compound fracture of the thigh. If amputation had been resorted to at the time when suppuration was fully established, his life might have been saved, but he declined to have anything done until such time as hectic fever and colliquative sweats came on, when I declined to interfere and he was compelled to die with his limb on.

There is, I think, a very important point to be borne in mind in this connexion, and that refers to the fact of soliciting any patient to be operated upon. Never do it. I generally request the House Surgeon to lay the facts of the case before the patient in their true light, and obtain his unqualified consent to the expedient. If I am to operate I make it a rule never to urge the measure, because it is enough for one man to take the responsibilities of the operation without anything else; for you cannot be certain of the result. There is a class of surgeons to be found every-

where who are always looking after a good reason for performing an operation, and justifying such in their own eyes. These are the men who may be justly styled surgical aggressors, always on the look-out for some operation to found a reputation upon. There is, again, another class, who are equally dangerous to their patients, and these are termed the "old fogies," who are always straining to find out the reason why these cases cannot be left to nature that they may be enabled to shrink, in very many instances, the performance of their duty. They are the conservatists. You must steer between these two extremes, and where there is a doubt one way or the other, give your patient the full benefit of it. For my own part, I can conscientiously say, that if I have erred any in my practice, it has been by carrying out the latter principle, which I have always striven to do to the best of my knowledge. Permit me to say here that you never can be certain, at least you have no claim to be so, in any given case, unless you have had years of experience to uphold you. There are just as many uncertainties in surgery as there are in medicine, and both together constitute a problematical art, each case of which has to be solved by itself. There are some other points that I should like to dwell upon, which have reference more particularly to those accidents which are liable to occur after operations, but I shall defer their consideration for the present, hoping to give a special discourse on the subject at some future time.

RATIONAL TREATMENT OF TYPHOID FEVER.—"Having, however, had very many cases of Typhoid Fever under my care at the *Dreadnought* Hospital, and having observed an aggravation of enteric symptoms, such as griping and tympanitis, almost invariably follow any arrest of the diarrhoea in the early stages of the disease, and cerebral complication frequently induced by premature over-stimulation, I was led to reflect upon the subject. I soon came to the conclusion, that the disease in Peyer's glands, and the peculiar cell-growth developed therein, with the concomitant diarrhoea, were but part, and, in the absence of much eruption, the principal part, of the process of elimination set up by Nature. I determined, therefore, to let cases which might come under my care run their course, uninfluenced by any special treatment whatever; to give only such an amount of stimulus as might be necessary to sustain the flagging powers of the system, and to assist Nature solely by attention to modified hygienic arrangements in the way of rest, temperature, and diet. From the cases thus allowed to run a course absolutely uninfluenced by drugs, I was enabled, to get an insight into the natural history of this disease. I found that, during what I knew to be the stage of inflammation and ulceration of Peyer's glands, diarrhoea was the rule, and I quite understood that it was necessary. Towards the period of convalescence, however, when ulcerative action had ceased, and cicatrization had commenced, I found that the opposite condition was the rule. Nature kept the injured parts quiet, by calming peristaltic action; and the bowels, instead of acting several times in the twenty-four hours, were frequently not open more than once in two, three, or four days. In one case there was no evacuation for more than a fortnight; but experience taught us to let matters take their natural course, and the case did perfectly well. It must not be imagined, because special drugging is generally useless or injurious in such cases, that the offices of the medical man are not required. On the contrary, an intelligent reading of Nature, and fulfilment of her indications as to rest, diet, and non-disturbance of intestinal action, up to an advanced period of convalescence, are necessary in order to ensure a successful issue. Moreover, the rational practitioner is not fettered by any stereotyped conclusions, and reserves to himself the exercise of judgment in the administration of drugs when they may seem to be required."—*Dr. Ward's Oration before the Hunterian Society.*

Original Communications.

RADICAL CURE OF HERNIA.

By J. W. Riggs, M.D.

THE readers of the *New York Journal of Medicine* will remember an article which appeared in March, 1858, describing a new operation for the radical cure of hernia, and was accompanied by a wood-cut of the instrument employed, together with a report of all the cases in which the operation had then been performed.

The vastness of the interests involved, and the fact that no operation or device hitherto employed for the cure of hernia has been entirely successful, are deemed sufficient reasons for inviting the profession to a further consideration of the subject, with the hope of an ultimate triumph over this almost universal scourge.

Can this operation be practised with safety? The fear of peritoneal inflammation has, in some instances, doubtless deterred surgeons from testing this operation. It is indeed the chief and only argument urged against this as well as other operations for the cure of hernia.

Since its first introduction in this city, it has been repeated by surgeons here and elsewhere in considerably more than one hundred cases, and so far as I am informed, without evil consequences in any instance. Though this fact alone goes far toward establishing the safety of our method, we are fortunately in possession of statistics regarding other operative procedures, which may be brought to our aid in deciding the question above proposed.

Wutzer's method, which was first introduced more than twenty years since, and has been practised more extensively than any other, is spoken of by its author as follows: "Since the autumn of 1838 I have repeatedly practised my operation in the clinique every session before many witnesses, and I have never seen severe peritonitis follow it, still less any fatal results."

Prof. Rothmund, of Munich, in speaking of Gerdy's operation (the danger, if any, being the same) says, "I have repeated this operation at least a thousand times without any bad results."

Now, though the tissues involved by all the foregoing methods are identical, there are in the details of treatment essential differences, which, as bearing upon their relative safety, are worthy of mention. For instance, by the plan we advocate, the parts are simply pierced by the instrument, and the *inguinal canal alone* is subjected to the action of the foreign body then introduced, for a space of time varying ordinarily from one to two days (though sometimes longer) according to the circumstances of the case and the views of different operators. By Wutzer's plan, it will be observed, the same parts are in like manner not only pierced, but the needle or stiletto is kept "in situ" and the tegumentary as well as subjacent tissues, including a large portion of the scrotum, are clamped and rigidly bound in a restrained and very uncomfortable position for several days, which cannot fail to aggravate the suffering of the patient—and if it do not also increase to some extent the danger of peritonitis, it certainly cannot diminish it.

So also of Gerdy's operation it may be said, in short, that the means employed for retaining the plug in the passage must be attended with greater risk of peritonitis than the operation under consideration. Hence it is assumed that if operations like these can be repeated thousands of times "without any bad results" as from the evidence before us they must have been, then the method we propose may be as many times repeated and with less apprehension of dangerous consequences.

It may be added, moreover, in the language of (we think, the *Virginia Medical Journal* (Prof. McCaw): "If we do not fear to throw the iodine solution into the pleura or pericardium—into ovarian cysts or even into the peritoneal

cavity—why should there be any hesitation in using the remedy for the radical cure of hernia?" And, even admitting (what from the testimony is readily admissible) that "severe peritonitis" may occasionally result from the operation, it by no means follows that *traumatic peritonitis* is at this day necessarily and always fatal to the patient. The operation, then, must be regarded as free from danger, and no surgeon who may deem it worthy of further trial need be deterred from its repetition through fear of evil consequences.

In almost every instance where the results of this operation have been communicated to us by the operating surgeon, they were thus reported very soon after treatment, and as being satisfactory. It must, however, be admitted that, in the absence of all knowledge of their subsequent history, it is impossible to arrive at any satisfactory conclusions as to the measure of success attained—though, as in very many instances of apparent cures by other methods, relapses have sooner or later occurred, so also, by this plan of treatment have our hopes been disappointed too frequently by a return of the hernia when a better result was confidently and perhaps not unreasonably expected.

Though thus left still in doubt as to the efficacy of our plan, and unable to decide upon its merits as a means of cure, yet the experience of the last two years has by no means failed of its benefits. For example, the feasibility of the operation is believed to be established; and we have learned, moreover, that to render it entirely successful there are obstacles yet to overcome.

The profession are aware, that the "American Medical Association," several years since, chose a committee consisting of Drs. Hayward, Warren, and Parkman, of Boston, to investigate the various methods by which the cure of hernia had been attempted, and to report the results of their inquiries at the next meeting of that body. It will be remembered that in my article of March, 1858, allusion was made to this report, and the conclusions reached by the committee were briefly given in substantially the following language—"That either there were some inherent difficulties in the way of the radical cure of hernia, or the proper method had not yet been discovered."

In my remarks upon the probable causes of failure by the various methods which had passed under review by the distinguished gentlemen of this committee, it was suggested that one of these "inherent difficulties" was that, owing to the low vascularity and consequent low vitality of the lining tissues of the hernial passage, the *milder and safer* of the means employed for the purpose had proved inadequate to the production of the necessary inflammation, whereby to secure firm and reliable adhesions, and consequent occlusion of the openings.

That this has been the chief cause of failure by my method, in a number of instances under my own observation, may be inferred from the fact that in those cases where sufficient inflammatory action was produced to secure a plentiful effusion of lymph, and where, also, the necessary precautions as to support *after the operation* had been observed, the results, *thus far*, have been entirely satisfactory.

Too much and long continued pressure by the *convex* truss-pad was also suggested as an obstacle to success. Having in my own practice guarded against this supposed evil, I have seen no case since the time mentioned in which injury could have resulted from this cause. The effects of *undue pressure* however, particularly upon recent formations, and *still more upon forming tissues*, are too well understood by the profession not to see the evils so certain to result from the unskillful or injudicious application of pressure in these cases.

Notwithstanding these precautions as to pressure by the *convex truss pad*, it is nevertheless important, if not indispensable to success, that the parts are *properly supported*.

Wutzer, after speaking of his operations, as before quoted, proceeds to state that, "all those operated upon have not been cured. In several, relapses have followed, but this was

traceable either to the patients leaving off the truss or undertaking hard bodily labor *too soon after the operation.*"

As to the necessity of support, we have also the concurrent testimony of other surgeons, whose opportunities for observation have been ample, and whose opinions are entitled to our utmost confidence and respect, so that instead of leaving the parts unsupported after the lapse of some two or three weeks, and even less, as has generally been practised, our chances of success would be greatly enhanced by a much longer continuance of a suitable truss or other means of support to the parts.

In every instance, without exception, that I am aware of, where my operation has been performed, the result seemed, *at first*, to be entirely satisfactory—that is to say—the viscera were retained without artificial support for a space of time varying from several days, in some instances, to weeks and months in others. And so far as I am informed, the same thing has been observed with regard to Wutzer's as well as other operations for the radical cure of hernia.

With the great preponderance of testimony to the contrary, I cannot of course assume to demonstrate that hernia is curable in a majority of cases either by my operation or perhaps by any other process. I do, however, confess my great reluctance to abandoning the affirmative of this question, at least until all the known means which *promise success* shall have been proved abortive, or, so long as the animal tissues concerned in hernia are identical and subject to the same laws with all other parts of the body.

In order to render more clear and intelligible my views with regard to the justly styled "inherent difficulties" to be encountered in the radical treatment of hernia, the reader is referred to the following wood-cut illustrations, designed to represent the inguinal canal in its normal state, and also as found in cases of rupture.

Plate 1.

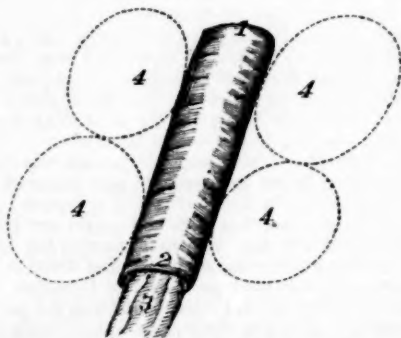


PLATE 1.—Fig. 1. The internal ring. Fig. 2. External ring. Fig. 3. Spermatic cord. Fig. 4. Knobs of the multipedal truss-pad, exerting lateral pressure, and keeping the canal free of the viscera.

The average length of the inguinal canal in the adult is, as shown in Fig. 1, something over one inch and a half, and its breadth corresponding as nearly as may be with the figure here presented. The dotted lines on either side of the passage are intended to represent what is deemed the only proper method of applying pressure by a truss.

Fig. 2 is supposed to represent something near the average condition or dimensions of the inguinal canal in ordinary cases of oblique inguinal hernia. The canal, it will be noticed, is very much shortened, while its diameter, particularly from its lower third upwards, is very much enlarged, from the constant pressure and wedge-like action of the viscera.

To show that the inguinal canal, for two-thirds its length, more or less, from the internal ring downward, is usually occupied by the intruding viscera, as stated, it is only necessary to refer to the situation in which the truss-

Plate 2.

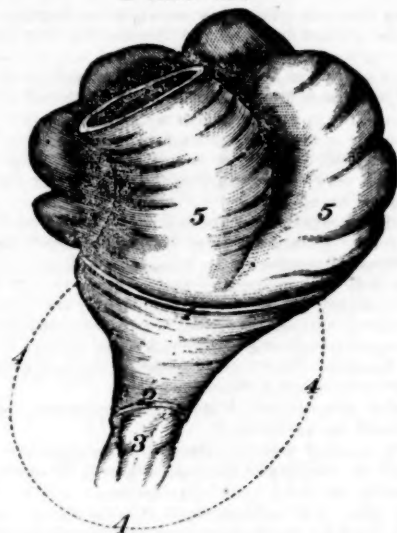


PLATE 2.—Fig. 1. Internal ring forced down by the intestine. Fig. 2. External ring. Fig. 3. Spermatic cord. Fig. 4. The dotted lines showing the bearing of the ordinary convex pad as usually worn. Fig. 5. The intestine.

pad is almost universally worn, and to the form of the ordinary pad itself.

To say nothing of the loss of substance, nor of the deplorable evils from confining the cord between the convex pad and the pubes, and thus intercepting the passage of the blood to the testes, it suffices our present purposes to state the fact, that in at least nine-tenths of all those who now come under our notice, and even at the time wearing trusses, from one-third to one-half, the pad (the most prominent part) was found overlapping the bone and of course serving only to *dam up* the canal at the external ring without offering sufficient resistance above to prevent the bowels from lying in that part of the passage, and thus shortening, and also enlarging it as represented, by dragging down the internal ring.

Assuming, then, what no one will dispute, that the canal is *always enlarged and shortened* where hernia exists, and moreover, that this enlargement increases as we approach the internal ring, it is by no means difficult to conceive how a pocket or funnel-shaped receptacle for the intestine must necessarily be formed, and how also the viscera so naturally fall into and occupy this portion of the canal, reaching down ordinarily to within half an inch, more or less, of the external ring, and until their further descent is opposed by the truss situated as before described.

This over-distended condition of the canal, throughout its upper two-thirds, and even more, is very frequently noticeable also, particularly in persons predisposed to hernia, long before there is any protrusion through the external ring, and of course before the application of the truss. Indeed, there is little doubt but that in a very large majority of ruptures, the passage of the protruding parts through the openings is a gradual process, occupying months and even years for its accomplishment—and in all these cases the enlarged and shortened condition of the original canal, prior to the discovery of the hernia even, is a foregone conclusion.

Now it has been stated that in most, if not in all cases, the operation *seemed for a time* to have been successful. Why? Our explanation of this *partial or apparent success*, so uniformly witnessed, is simply that the passage at and about the external ring is comparatively small, the surfaces desired to be united are already in contact, and by almost

any dressing are easily maintained "in situ," while, moreover, either from the overstretching of the ring during the operation itself, or from some other cause, there is always more inflammation in this immediate locality than above it, and consequently, adhesion at this point may be supposed always to follow the operation—and *in proportion to the extent and firmness of these adhesions, is the treatment successful.*

If Plate 2nd is anything like a true illustration of the original canal in ordinary hernia, a mere glance at the figure will scarcely fail to suggest one of the "difficulties" (and I regard it a very serious one) in the way of our successful treatment of hernia.

The inferior pillar of the internal ring is here seen dragged down by the constant action of the viscera, until the canal itself, instead of measuring an inch and a half, is reduced to less than half that in length—and whether or not this be the fair average in hernia, instances are very common, when, from this cause, the canal is entirely obliterated and the passage through the abdominal walls, instead of being oblique, becomes direct—thus constituting what may be practically considered a direct hernia.

Can these relapses, which occur after apparent cures have been effected, be prevented?

Though we shall make no attempt to demonstrate, as before stated, to *what extent* the cure of hernia by our method is practicable, we must, with due deference, assume that in a certain ratio, yet undetermined, it is *curable* by the plan proposed; and we must, moreover, be allowed the expression of convictions which are irresistible, that, with the necessary precautions, aided also by such facts as have been furnished by past experience, the percentage of radical cures *may*, and we believe *must and will*, be so very largely increased as that the treatment advocated will commend itself to favor with the profession.

What has our experience taught?

If hernia is to be cured by occlusion of the inguinal canal (and we know no other way), the first step toward the attainment of our object is to excite inflammation in that passage. If, again, it is expected to cement the walls of this canal *throughout its length and breadth*, it is a foregone conclusion also that the inflammation thus excited *must necessarily reach to that extent*. Moreover, it must not only be co-extensive with the parts to be united, but it must also be of such grade as to secure the necessary effusion of lymph, by which *only* the tissues are first agglutinated, then assimilated, and ultimately firmly bound together. Still another self-evident proposition and indispensable prerequisite to success is, that during this engrafting process the surfaces sought to be united must be brought into contact, and this state of coaptation carefully maintained, if possible, until nature shall have completed her work by uniting surface to surface, and part to part, by adhesion.

Though the profession are perfectly familiar with these universal and ever operative laws, yet it is too obvious that in a very large majority of instances where this operation has been practised, many, and not unfrequently the most important, of these have been either overlooked or wholly disregarded. It is well known, too, that the operation has sometimes been performed in cases where not only the obliquity of the canal was entirely lost, but where, in addition to this, the external ring was so distended as that no human agency (short of the ligature) could serve to bring its superior and inferior pillars even into (so to speak) the same locality.

So also, in more cases than one, this operation has been performed—attempted rather—by carrying the instrument up *anteriorly* to the external oblique muscle and introducing the seton (?) between it and the integuments; an error, very easily fallen into, where the finger of the operator is not first placed as a guide under the tendon of this muscle.

But to the indications. It may be argued that it is easier oftentimes to point out indications and make suggestions than it is to fulfill or comply with them, and this, we apprehend may, to some extent, be found true in the case before us; but if we can ascertain the precise nature of the "in-

herent difficulties" which have thus far so effectually baffled our attempt for the radical cure of hernia, we shall then know at least in what direction to look for means by which to surmount the obstacles so long in our way, and assuming that some, if not all, the principal impediments to success have been adverted to, we come now to consider,—*How shall they be avoided?* The means by which, with the greatest certainty, as well as safety to the patient, the necessary inflammation may be produced, seems yet to be matter of speculation. Tinc. iodine has been used in a large proportion, and perhaps a majority of the operations, but in no instance under our observation, has its effects been entirely satisfactory. In three several cases, this article was used *liberally* at the time of the operation, and again *liberally also*: in one instance in thirty-six hours, and in the other two cases forty-eight hours after the operation; and in each case the effect of the second application *seemed to be* to allay rather than increase the inflammatory action.

Tinc. canth. has been employed also to considerable extent, and with similar results. Naked threads, from one to a dozen in number, of saddler's silk, linen, cotton, and wool, have been drawn into the canal and then left for a time varying from two to ten or more days—averaging perhaps three days. The effects in these cases, and particularly when suppuration was fully established before the removal of the (so-called) *seton* (?) have not been what was desired.

In one instance, an intelligent surgeon, Dr. Crofte, states that he drew into the canal a drop or two of croton oil, and "there was by no means too much inflammation." In another case under my own care, one-fourth gr. solution of ant. tart. was introduced and remained in the canal twenty-four hours only. In several instances (some eight or nine) I have employed a naked cord of such size as could be easily introduced, made of hard-twisted and coarse linen twine, which has remained from thirty-six to seventy-two hours in the passage, averaging, however, not more than forty-eight hours, and in all these the results, thus far, have been far better (with the single exception of that in which the ant. tart. was used) than when the foreign body has been medicated. In three of the last mentioned cases the cord was drawn rapidly back and forth in the canal, both before and at the time of its removal. In two of these, it was see-sawed in thirty-six hours, and the same thing repeated, and the cord removed in forty-eight hours after the operation. In the third and last case, this process was resorted to in twenty-four hours, and repeated and removed at the expiration of thirty-six hours after the operation; and it may here be remarked, that with the single exception of that in which the ant. tart. was used, no case has been so entirely satisfactory, thus far, as the one last described.

The late much-lamented Dr. Isaacs of Brooklyn, in an operation some few months since, introduced the persulph. fer. (Squibb's), one part to three parts water—using for the purpose several threads of saddler's silk, all of which, save one thread, were withdrawn some forty-eight hours (as nearly as recollected) afterward, and the remaining strand saturated with the *pure* persulph. and left "in situ" four hours longer, at which time the tumefaction and pain being very much increased this was also removed. In a note from the Dr. some three weeks after the operation, he informed me that it was highly satisfactory, and no higher authority will be sought to warrant future trial of this article—and from its wonderful and well-known effects when injected into varicose veins, it may at no distant day equally challenge our admiration in these and other cases.*

By the *necessary inflammation* is here meant a grade or degree of inflammatory action which, though by no means violent, is yet pervading and persistent in character, and thus so well calculated to cement and consolidate and con-

* I have recently learned from Dr. Crane, of Brooklyn, that a relapse occurred in the above case. The details of treatment after the operation (as communicated by the Dr.) I am unable to furnish, the paper itself not being at hand.

vert, as it were, into one homogeneous and inseparable mass all the tissues subjected to its action. To admit here that the means hitherto employed have failed in these particulars, is only to concede what, unfortunately, is too well demonstrated.

The inflammation caused by the iodine, cantharides and (ordinarily) by the naked threads, has been so evanescent or transitory in its character as scarcely to have *promised* even the accomplishment of its important mission.

Again, it is possible, and even highly probable, that in some cases where these agents were employed, the inflammation excited by them would have been more lasting, and consequently more satisfactory, had it not been arrested and (essentially) cured by the supervention of suppuration, caused by the continued pressure of the irritant.

Support after the Operation.—In the first article published on this subject it will be remembered the *sponge compress* was recommended. The suggestion is here repeated, and no hesitation is felt in urging it upon the reader's attention. If most trusses are essentially convex in their elements, and are almost universally worn as represented in plate 2, with the centre and more prominent part but little, if any, above the external ring (as they must be to retain the viscera except in slight cases), if, moreover, the statement be true, that, *as a general rule*, the viscera occupy months and sometimes years in making their passage through the canal, then we need no further *confirmation* nor *explanation* of the fact, that, in every case of hernia, *without exception*, this widening and shortening of the canal exists in a greater or less degree.

This, we repeat, is believed to be *one* of the "difficulties" (and a serious one too) in the way of our success—for it is obvious that the *sack* or *pocket* formed by the forcing downward and backward of the posterior walls of the canal, as represented in the plate, must be obliterated or partially destroyed in order to prevent the bowel from resuming its accustomed position in the gaping receptacle, and thus tend continually, powerfully, and almost inevitably, to bore its way, sooner or later, entirely through the passage.

Hence our decided preference for the moistened sponge, as a compress during treatment, and based upon these propositions, 1st. The pressure thus exerted being equable and uniform, does not interfere materially with the circulation nor the deposition or effusion of lymph. 2d. It can under all circumstances be at least *tolerated* by the patient. 3rd. From the well-known elasticity of the moistened sponge, its tendency must be to prevent a vacuum (so to speak) in the canal, by pushing back and maintaining the *anterior*, in contact with the *posterior* walls of that passage.

The sponge may be secured, during the time of confinement, to the horizontal posture, by a simple bandage or roller firmly drawn around the pelvis, and anchored down by a turn around the thigh. The compress should be large enough to act upon the entire passage, though with greatest force, opposite the *internal* ring; and should be kept moist by the occasional application of water.

It will be borne in mind that our only reliance for maintaining in contact the walls of the canal and preventing the entrance of the viscera at the internal ring, is upon this compress, and hence, in its application as well as throughout the treatment, too much care cannot be exercised in order to render its action efficient and reliable for the purpose intended.

How long the bandage or some *suitable truss* should be worn, further experience will determine perhaps. With the facts already before us, however, concerning this as well as other methods of treatment, an average of three months can scarcely be considered too long a time to maintain suitable support of the parts. As to the kind of appliance to be employed for this purpose, (as soon as the tenderness shall have sufficiently subsided to render it admissible) we would refer to plate 1st as illustrating our views as to the principles upon which the truss should be constructed. The reasons for this are patent to every reader and need not here be detailed.

Method of Operating. In most instances where I have witnessed this operation, the surgeon has carried up the tissues of the scrotum upon the finger with the palmar surface of the hand upward. This places the left hand of the operator very much in the way of the introduction of the instrument, so much so indeed, as in some cases where the ring is small and rigid, to render this part of the operation exceedingly difficult.

To avoid embarrassment from this cause and to simplify this very simple procedure, it is recommended that the surgeon take his position, sitting or standing, with his *left* side to the patient's *right*, both thus facing the same direction. The palm of the left hand is now laid upon the pubes, the index finger reaching down to such point upon the scrotum as may be selected for the invagination; then, this finger being flexed, seizes the integuments, and carries them upward to the abdominal ring, the hand meanwhile lying flat upon the abdomen, and offering not the slightest impediment to the introduction of the instrument, or any other necessary manipulation by the right hand of the operator.

This position secures other advantages also worthy of mention. Cases are by no means rare where the comparative small size of the abdominal ring, or where, from the continued pressure of the prominent truss pad, its superior pillar is driven backward and apparently downward also; it is with some difficulty that the end of the finger is fixed securely and satisfactorily, as it always should be, beneath the tendon of the external oblique, in order to make sure of the passage of the bulbous extremity of the instrument *into* the canal. Besides, having passed the bulb fairly within the ring, the left hand is now not only liberated, but is found in the best possible position both for "clearing the track" from any intruding portion of viscera and making the counter pressure upon the surface which so much facilitates, and always ensures the ready exit of the stilette through the integument opposite the internal ring.

The want of the necessary data to be enabled to report such reliable, and at the same time interesting facts, as the profession have a right to look for in a medical journal, must excuse us for offering, instead of such report, the following general statement, which embraces all the facts of importance now in our possession, regarding the cases treated by our method.

The number known to have been operated upon, exceeds, as before stated, one hundred cases; of these, eight were reported in the "*New York Journal of Medicine*," for March, 1858—seven being inmates of the State Emigrant Hospital, Ward's Island, and treated by Prof. Carnochan. Of the history of these, since the above date, I have no knowledge. Of the other case, under my own treatment, and embraced in the foregoing report, it may be said—some six months or more after the operation this man died very suddenly, after violent exertion, from supposed disease of the heart. This, it will be remembered, was a case of large scrotal hernia of twenty-six years' standing, and the patient a laboring man aged about sixty-three, and badly crippled by his infirmity for many years. In this case the viscera never protruded through the abdominal ring after the operation. A very light French truss (for want of a better) was worn to the last.

Of some twenty cases in addition to the above which came under my notice, the majority being my own patients, there are *five at least* which there is every reason to believe will prove entirely satisfactory. The first of these dates back to April, 1858. Scrotal hernia of thirteen years standing, the patient a middle-aged gentleman of this city; the operation by Dr. Quackenboss, and witnessed by Drs. Batchelder Buck, Watson, and others. When last examined, a few weeks since, there had been no protrusion, and the walls were firm and rigid. It should be observed that, there being a *direct* hernia upon the opposite side requiring gentle support—a light double truss (multipedal pads) is still continued in use.

A gentleman some twenty-five years of age—inguinal

hernia upon both sides which had existed from childhood, was operated upon about one year ago in Brooklyn, in presence of several prominent members of the profession of that city.

In this case, when last heard from, a month since, through his brother in this city (the patient being now in the West), he reported one side as cured and entertained doubts as to the opposite side. From the doubts thus expressed, the inference is, that this side is at least materially improved. The multipedal truss is believed to be still in use in this case.

Some fourteen months since, the operation was practised upon a man in this city, about forty years old, with ordinary inguinal hernia of but few years' standing. When seen last (in November) the case in all respects was entirely satisfactory.

— of Brooklyn, had the same operation about 1st of March last. Ordinary inguinal hernia of some two years' standing; no case has been more satisfactory than this appeared when last seen, some five weeks since. There are two other instances in which we hope and confidently expect to be able to report successful results.

Of the remainder of the cases noticed by us very little is now known. To admit, however, in the language of Wutzer, that "all those operated upon have not been cured—in some, relapses have sooner or later occurred," would be only to admit the truth.

We might indeed say more—that there have been many failures to cure hernia by the plan we advocated. Until, however, this method be more fairly and more thoroughly tested by bringing to our aid the results of past experience, as also those of future inquiry and investigation, we are by no means prepared to admit that the radical cure of hernia is beyond the reach of art, nor, moreover, that it may not be accomplished in the manner here proposed.

ASTOR HOUSE (in Barclay Street), N. Y.

Reports of Hospitals.

ST. VINCENT'S HOSPITAL.

FOUR CASES OF CEREBRO-SPINAL MENINGITIS—SUCCESSFUL OPERATION FOR VESICO-VAGINAL FISTULA.

[Reported by WM. O'MEAGHER, M.D., Resident Physician and Surgeon.]

CEREBRO-SPINAL MENINGITIS.

CASE I.—Mary D—, twenty-three years old, single, domestic, was admitted April 16th, 1860, during the service of Dr. Burtzell, and subsequently of Dr. O'Rourke. She presented the appearance of a stout, well-developed woman, and, from her own account, had previously enjoyed good health. On the night before admission, for some reason not stated, she slept upon a mattress on the floor, in a strong current of air. Next morning she awoke with a feeling of soreness and pain all over the body, especially in the back of the head and neck, extending along the spine. The slightest movement, either forced or voluntary, produced extreme pain. The head being drawn back was immovable, as if from the effect of tetanic spasm; the pain was most intense in the cervical vertebrae and surrounding parts; eyes staring, wild, and fixed; conjunctivæ congested; pupils sluggish, that of left eye dilated; photophobia little or none; frequent lachrymation; face flushed, with an impression of intense suffering; tongue coated, whitish-brown, red at tip and edges, swelled, protruded slowly and with a tremulous motion; speech slow, moaning, and sometimes unintelligible; deglutition of fluids not impeded; respiration hurried and sighing; action of heart increased; no pulmonary symptoms; teeth set and some-

times ground together. The pulse was quick and irritable; a clammy fetid sweat pervaded the body; abdomen slightly tympanitic; bowels costive; and there was some oedema of the extremities. At first only external anodynes and some cathartic medicine was prescribed, together with fluid nourishment and some stimulants. The next day the symptoms became aggravated; and there being no movement from the bowels the cathartic dose was repeated; other treatment continued, and in addition fifteen drops of *Majendie's solution* at night. There was a very slight improvement in the general condition of the patient for the two following days. The enemata failed in producing any effect, notwithstanding they were administered repeatedly, and it was not until a full dose of castor-oil was given that the bowels acted. The pain in the post-cervical region continuing, dry cups were applied to the part and afterwards a blister. On the 21st (May) *iod. pot.* was prescribed, but seeing no good effect from its use calomel and opium was administered, at the same time the blistered surface was dressed with *ung. hydrag. mitior.* This plan of treatment was continued for a week with no good effect when the internal use of calomel was substituted by *iod. potassium*, the mercurial ointment, however, was kept applied to the back of the neck for a couple of weeks longer. About this time, (June) a slight paralysis of the left side began to show itself. The disposition which existed to the occurrence of constipation could only be effectually overcome by the use of castor-oil. On the 9th of June bed sores appeared over the sacrum. At this stage of the disease the patient began to sink, stimulants were given freely, a blister was reapplied to back of the neck, a one-eighth grain of calomel was placed upon the tongue every fifteen minutes, turpentine enemata were constantly administered, but all to no purpose. Death took place on the 5th of July. No autopsy could be obtained.

CASE II. occurred in the surgical division. Ellen D—, aged 20, single, domestic, of strumous diathesis, was admitted Aug. 23d, 1859, during the service of Dr. A. B. Mott. She had rheumatism during the previous winter, from which she thought she had entirely recovered. About three weeks previous to admission she noticed, for the first time, a weakness of the back and a prominence of the spine in the lower dorsal region, together with considerable swelling in the left iliac fossa. As far as she knew she had never received a hurt likely to cause this lesion. At the time of her admission into the institution she was suffering from headache, anorexia, and insomnia. There was also suffusion of the eyes and face; pupils sluggish though not dilated; tongue brown and somewhat dry; pulse small and accelerated, and bowels costive. Her condition was not such as to cause alarm, and she was simply ordered to remain in bed, to have plenty of fluid nourishment, counter-irritation to the spine, and to swelling in the iliac fossa, which was looked upon as the commencement of lumbar abscess. In a few days her condition was so much improved that she ventured to get out of bed, but while walking around the ward she tripped and fell heavily to the floor, her back coming in contact with a chair which happened to be in the way. From this time she grew rapidly worse; typhoid symptoms set in, and for several days she continued delirious, with only short lucid intervals; tetanoid convulsions were soon superadded, and she died comatose on the 15th of September.

CASE III.—Timothy R—, aged 30, married, by occupation a carpenter, was admitted to the surgical division June 26th, 1860, during the service of Dr. Thebaud. This patient was of low size, swarthy complexion, melancholic temperament, while testing his strength by means of one of those machines frequently seen in the streets, and on making a sudden effort, he experienced a sensation of sharp pain, as if something had been torn violently in the lower portion of the spine. For several days after this, the pain continued, extending downward to the legs, and finally concentrating itself in the left extremity. After the lapse of about five weeks, it grew somewhat better, so much so

that he resumed his employment, but he was unable to continue it for any length of time, the pain returning with even more violence, and rendering him almost a helpless paralytic. He also noticed that his symptoms were aggravated at the approach of rain, or any sudden change of temperature, and relieved again when pleasant weather appeared, by a return to the former condition. On admission to hospital, this pain was altogether confined to the left leg, between the knee and ankle. This he described as perfectly agonizing, especially when he attempted to walk or work. He also complained of nervous twitching throughout the whole extremity. On examination, some tenderness was perceptible all along the spine, especially at the sacro-vertebral articulation. Other symptoms observed were weakness of intellect, indicated by garrulity, loss of memory, puerility, and religious monomania. The pupils sluggish and dilated, the eyes dull and staring. He walked lame, had lateral curvature, and carried the left shoulder higher than the right. His general health also suffered; was emaciated; had no appetite; bowels costive, and sleep disturbed with frightful dreams. The treatment consisted of a blister to the lower part of the spine, and gr. i of ext. nuc. vom. three times a day, together with laxatives and plenty of fluid nourishment. This was continued for a few days without producing any sensible effect on the complaint, when decided symptoms of insanity made their appearance, and he was discharged as an improper object for treatment in the institution.

CASE IV., similar to the above, was in the ward at the same time. This was a young married man, a laborer by occupation, who received an injury to the lumbar vertebrae, by attempting, with others, to raise a huge block of stone, by means of a crow-bar used as a lever. This accident resulted in caries with some, though not very decided, symptoms of spinal meningitis. He also had tubercles in his lungs, and was of a strumous habit. By means of counter-irritation to the affected part, supporting treatment with cod-liver oil, and the prone position in bed, he improved in a short time sufficiently well to be able to go to the country.

SUCCESSFUL OPERATION FOR VESICO-VAGINAL FISTULA.

Mrs. G—, a young married lady, was admitted to a private ward in July last, under the care of Dr. T. C. Fennell. Four years previously, after a protracted labor of four days' duration, she was delivered of a large dead child. Sloughing of the anterior wall of the vagina and the contiguous part of the bladder, was the consequence, followed by the usual distressing symptoms, and with constriction of the vagina after cicatrization. The opening was about two inches above the meatus, with the shape of a transverse double convex slit, and large enough to admit two fingers of moderate size. Some time previous to the regular operation, preliminary steps had been taken in order to restore the vagina to its former dimensions, curtailed by the cicatrix. When this had been effected, the more important part of the operation was commenced. Ether was administered, and when anesthesia was produced, the patient was placed on her knees, with the upper part of the body resting on the crossed arms which supported the head, while two assistants, by means of a folded sheet placed under her belly and chest, kept the patient from sinking down, otherwise. Another assistant kept the vagina dilated, while the Doctor proceeded to pare the edges of the fistula. When this was effected, three sutures were inserted, the clamps applied, and the ends of the wires twisted; this approximated the lips of the fissure accurately. The canula was then inserted in the urethra; this was kept in situ for three days, when it had to be removed, owing to the unpleasant irritation produced. After this, she was able to retain water for six hours together, and no untoward symptom occurred. On the 15th day after the operation, the apparatus was removed, and, though a slight leak was apprehended, the fistula was found, after several days observation, to have been closed completely.

PENNSYLVANIA HOSPITAL.

[Service of Dr. HARTSHORNE.]

Compound Fracture.—A man had just been admitted with a compound fracture of both bones of the forearm, caused by his hand being caught in some machinery. The edges of the lacerated wound were drawn together by the leaden sutures, the arm placed on a Bond's splint, the wound covered with the lead water and belladonna, and the whole maintained in an inclined plane, to permit irrigation by a constant stream of cold water.

Strabismus.—Dr. H. then operated on both eyes of a little boy with strabismus. Ether was given to keep him quiet, the conjunctiva and orbicular fascia divided by means of the scissors, the tendon of the internal oblique hooked up and divided. After this the eyes were put at rest by closing them with the ising glass plaster.

Operation for Varicose Vein.—Dr. H. next introduced a man with varicose veins on the right leg. These often ulcerated, and interfered with his means of getting a livelihood. A bandage was then bound tightly around the leg, above the knee, while the patient remained standing, and the operator introduced a silver wire, passing it beneath the internal saphena vein. Two of these were passed in, the second one unintentionally transfixing the vein, which bled freely, but was readily controlled by pressure. A leaden button was then placed on the vein, the wires passed through it, and clamped over shot. By this means a uniform compression is kept up, and the vein obliterated. Two veins were thus compressed by two buttons, and the limb supported by the application of the soap plaster and a bandage. Dr. H. remarked that he had employed this, the method of Bozeman, but preferred the use of the Vienna paste.

LONG ISLAND COLLEGE HOSPITAL.

RUPTURE OF THE LIVER—DEATH FROM THE SHOCK AND HEMORRHAGE.

[Reported by EUFES K. BROWNE, M.D., Resident Surgeon.]

PAT. Carroll, æt. 19, admitted under the care of PROFESSOR HAMILTON, July 24, 1860. A few minutes before entrance he had been struck over the right hypochondriac region by a whiffletree. He was driving a team attached to a heavy load, when one of the traces broke and the corresponding end of the whiffletree struck him with great force. On examination we found an abrasion of the skin just below the ribs of the right side, and extending across the body about four inches. The patient was pale, his pulse small and frequent; skin cool, vomited frequently and was unable to expel his urine; the abdomen was tender at the point of injury, pain slight. Dr. Hamilton diagnosticated rupture of the liver, and expressed his conviction that death would ensue. Warm fomentations were applied to the abdomen; a catheter was introduced; and he was directed to take pills of opium if the pain increased. Gradually the tenderness was diffused over the whole abdomen, but it was never considerable except at the point of injury. It is not certain whether the inability to expel the urine, which lasted until death, was due to the peritonitis or to the shock—the same phenomena being often observed in idiopathic peritonitis. His death took place twelve hours after the injury.

Autopsy, twelve hours after death.—The anterior margin of the right lobe of the liver was ruptured to the extent of about four inches in a transverse direction, and more or less in a vertical direction. The abdomen contained a large mass of grumous blood, with very little coagulable lymph and serum.

American Medical Times.

SATURDAY, AUGUST 25, 1860.

RATIONAL MEDICINE.

MEDICAL science and Medical practice have ever been alternately the themes of exalted panegyric and unwarranted criticism. While Plato utters his profound convictions that a true physician is second only to Deity, and gravely declares that medical counsels are essential to the welfare of the community and the state, Cato,—in his ignorance and conceit—vehemently and blindly denounces both medical philosophy and physicians. And in these latter days, when accuracy in diagnosis and pathology has become the chief glory of modern medicine, there are not wanting, among the learned and the unlearned alike, those who affect to deride the progress and the applications of medical knowledge, notwithstanding its improvements and the greatly increased certainties of the healing art. On the one hand, a class of conceited critics declare that medicine must be regarded as a "withered branch of science," unless it affirm and demonstrate its progressive steps with mathematical and axiomatic assurance; and, on the other hand, there are, in fashionable society, multitudes of people who prefer the glimmering fantasies and follies of Hahnemann to the certainties and the intelligent ministrations of true medical science. And not least among the influences that serve to disparage medical art, and encourage irrational practice, may be mentioned—extreme statements of medical opinion—statements usually based upon misinterpreted observations and unsound logic. But in all departments of progressive philosophy it is observed that conflicting opinions and extremes of departure from philosophical accuracy and truth always constitute the "counter-currents" of scientific progress; while by a sort of *reductio ad absurdum*, or by an *experimentum crucis* process—which such errors and departures from a true philosophy are ever repeating—those very errors and episodes in the progress of medical knowledge indirectly and continually serve to establish the true and abate the false in science and in practice.

Not physicians only, but *doctors* in every department of human philosophy, are prone to "disagree." The manner and the subject of such disagreement, however, should be both a matter of taste and of principle; but this point is too generally disregarded in the eager pursuit of personal distinction and the prowess of a triumph. In the progress of knowledge, collisions of opinion and errors of judgment are inevitable; and in no department of learning are such errors and collisions more liable to occur than in medicine—a science dependant mainly upon observation and induction, and requiring for its full comprehension and best service, the highest powers and widest scope of the human mind. Errors of observation, and defective or faulty induction, have, in all ages, originated the most obstinate fallacies in medical philosophy and practice. But no such fallacies are incurable; corrected observations, enlarged research, logical induction, and varied provings, will always bring the physician back to the path of sound philosophy and rational practice.

The careful observation of Nature's processes in disease and in health enabled the great Coan Father of Medicine to lay a sure foundation for medical philosophy. He was the first great teacher of Rational Medicine, and as the advocates of rational philosophy in the healing art at the present day have adopted some of the conclusions of that ancient father, it were well they should also adopt more of his philosophical and careful habits of induction and statement. He inculcated his doctrines, not by disparaging or denouncing the labors and opinions of other men, but by plainly interpreting nature's works, and modestly pointing out the indications of true philosophy and an enlightened experience. While refuting the peculiar errors of the Cnidean doctrines, Hippocrates carefully mentions all that is true and practical in them, and then simply declares that "the authors of the Cnidean sentences very accurately described what symptoms the sick experience in every disease;" and, after admitting that those reclusive philosophers learnedly treated of the remedies applicable to each complaint, he proceeds to show that they not only multiplied the names and species of disease by the number and variety of their symptoms, but, worst of all, they wholly neglected the subject of regimen, and the study of Nature's indications. And then, without even suggesting the propriety or the consequences of casting the whole *materia medica* into the sea, he assumes the dignity of a great Teacher, and impressively says:—"I approve of *paying attention to everything relating to the art*, and that those things which can be done *well or properly* should be done properly; such as can be *quickly* done *should be done quickly*; such as can be neatly done *should be done neatly*. . . . But I would more especially commend the physician who, in *acute diseases*, by which the bulk of mankind are cut off, *conducts the treatment better than others*."

Certain recent publications of living authors, and the discussions awakened by them, have reminded us of these sayings of the ancient fathers, though the modern and the ancient teachers of Rational Medicine differ widely in their modes of instruction. Nature and Art in the process and cure of Disease, as recently expounded by Sir John Forbes, and Dr. Jacob Bigelow, have had their respective claims held up to a searching review; and, a few weeks since, in the Asclepion of the American Athens, a poet-physician ventured to discourse upon the "Currents and Counter Currents in Medical Science;" and so facetiously, boldly, and invidiously, did that chosen Apollo of the Massachusetts State Medical Society compare the relative merits of the Hippocratic and the Themisonic modes of practice, that he, whose sparkling wit was wont to excite only the most fraternal feelings, now—not only aroused his associates to censure and alarm—but has raised about his own ears the cry of heresy in medicine.

Had the drug stores of Milk Street and Bowdoin Square fallen to the ground, or been wrapped in conflagration during the last two months, the unfortunate orator of the Massachusetts Medical Society might have fared worse than the Coan philosopher, when the library of the Cnidean Temple was burned, for he has excited a controversy more vehement than that which existed between the Cnideans and the Coans. But the Harvard professor and poet yet survives, and the Drug trade still flourishes in Boston and elsewhere.

It was easy to say just what Dr. Holmes said *offensively*, in his recent oration; but with the license pardonable in the poet-physician and "Autocrat of the Breakfast Table," it

really appears unnecessary that even the boldest sallies of his wit, or the most extravagant suggestions he could utter, should, in any wise perturb the even tenor and the progressive spirit of the Medical mind in these United States. We confess that we have perused this production of Dr. Holmes with the same feelings and the same convictions we had while reading the little brochures of Sir John Forbes and the venerable Dr. Bigelow, on *Nature and Art in Disease*. Such writings *properly interpreted*, will do no harm, and, among certain classes, they should do much good. Yet we cannot avoid the conviction that, among those practical men who attend to most of the sickness which *requires* medicine, such *modes* of instruction as Dr. Holmes has adopted, will tend, like many of the hasty announcements of medical theorists, merely to confirm such practitioners in the unfortunate conclusion that—

"Others follies teach us not,
Nor much their wisdom teaches;
And most of sterling worth is what
Our own experience preaches."

Dr. Holmes's address contains some passages that certainly deserve the criticism they have received, but we will here only note the spirit and indications of such productions with reference to the present status and progress of medical knowledge and rational practice. Our Boston brethren certainly witness a good confession when they testify, that common sense and common honesty in the practice of medicine, are followed by good results. But why defy Nature, when God has exalted Reason! Our medical creed permits the use of material agents, in any quantity and at any time, directed by reason and experience, to aid or to control the processes of disease. And this, too, is *rational* medicine and sound doctrine.

The gifted Huefland long ago said, that "there has always been a 'true church' in Medicine;" and the history of the profession, from the earliest historical ages, illustrates the significance and truth of that remark. The faithful worshippers in its temples do not worship false gods which their own hands have set up, nor have its ministers led their followers away from Nature and the truth. Hippocrates, Galen, Celsus, Boerhaave, Haller, Sydenham, Huxam, Blane, Jenner, and all the recognised lights in the history of the healing art, have inculcated the same true and fundamental philosophy of medicine. They all taught that the physician should first observe and study Nature's processes and indications in health and disease. One by one, in a brilliant succession of names consecrated to medical progress, the true successors of those fathers have helped to lay open the more occult causes and consequences of disease; and all these contributors to medical science have been faithful students of Nature,—while with microscope and alembic they have sought a rational and more definite interpretation of those phenomena which the fathers were unable to solve. The science of medicine does not consist in mere alipharmic knowledge and the nomenclature of diseases and their symptoms. As has been tersely stated by Hippocrates, "It is the business of the physician to know, in the first place, things similar and things dissimilar; which are to be perceived by the sight, and the touch, and the hearing, and the nose, and the tongue, and the *understanding*." It is the glory of true medical philosophy that it traverses the whole field of Nature, and freely sub-

sidizes to its beneficent purposes every natural element and every proper appliance of science and art. It has been thus in all ages. And if, at the present day, it is the spirit of medical philosophy to push boldly forward, and fearlessly to enunciate its propositions and discoveries, let it be remembered that "it is a great part of the art to judge properly of that which *has been written*." Sydenham, Harvey, Jenner, and Laennec, humbly built upon foundations that their predecessors had laid, while they acted as the great interpreters and ministers of Nature. And, like all true physicians who have preceded them, the progressive minds of our profession at the present day are continually adding enduring stones to the Temple of Rational Medicine.

We have before us an oration on the Position and Prospects of Rational Medicine, recently delivered before the members of the Hunterian Society, by Dr. Ward, of the Dreadnought Hospital. And we are pleased to notice how rationally that gentleman has treated and illustrated his theme. On another page we have given his very sensible observations on the natural history and the rational treatment of typhoid fever (see page 129). But after all that has been written upon *Nature in Disease*, it manifestly appears that the lessons so earnestly taught by Sir John Forbes, and Drs. Bigelow, Ward, and Holmes, do not actually convey any *new* truths or propound any doctrines that have not been incorporated in the acknowledged creed of "the true church in medicine" for the last two thousand years; and, in some respects, we confess that the ancient are more instructive and classical than these recent prelections upon the great fundamental doctrines, now invincibly distinguished as the principles of Rational Medicine.

We have been wont to consider that all practical philosophy in medicine is *rational* and true. And as we contemplate the character and labors of the "representative men" in our profession, who have ever been at once the ministers of Nature and the conscientious cultivators and ministers of art in the practice of medicine, we discover the surest remedy for those vain conceits and errors in philosophy and practice which produce the "counter-currents" in medical science and practice. Rational Medicine will be triumphantly ascendent when every physician at the end of his career can say, with old Cerimon,—

"I held it ever,
Virtue and knowledge were endowments greater
Than great nobility and riches."

And both "Nature-trusting" and the Nature-guiding physicians might profitably listen as that ideal confession of an honest medical life, sketches the physician's relation to Nature and art in the cure of disease:—

"Have studied physic, through which noble art,
By turning o'er authorities, I have
(Together with my practice) made familiar
To me and to my aid—the bless'd infusions
That dwell in vegetives, in metals, stones;
And I can speak of the disturbances
That Nature works, and of her cures; which gives me
A more content in course of true delight
Than to be thirsty after tottering honour,
Or tie my pleasure up in silken bags,
To please the fool and death."

THE WEEK.

STATISTICS of Disease and of Health are strongly recommended to the attention of political economists and moral reformers by Florence Nightingale, in a letter to the Earl of Shaftsbury, read before the International Statistical Congress last month. Her suggestions are worthy of universal attention. She says,—“There must be a large amount of statistical information, bearing on the prevention of disease, in possession of the governments of different countries, and it would be of great importance at the next meeting of this congress, if each delegate would include in any report to be presented, any marked examples of diminution of mortality and disease, together with the saving of cost consequent on the carrying of sanitary improvements in towns, in dwellings of the laboring classes, in schools, in hospitals, and in armies. As for example, it is stated to be a fact demonstrated by statistics that in improved dwellings the mortality has fallen, in certain cases, from 25 and 24 to 14 per 1000, and that in “common lodging-houses,” which have been hot beds of epidemics, such diseases have almost disappeared as heads of statistics through the adoption of sanitary measures.”

“It is also stated that in the British army large bodies of men, living under certain improved sanitary conditions, have presented a death-rate about one-third only of what the army has suffered in past years.”

Miss Nightingale asks that such Statistics of Health may be carefully collated and compared with the ordinary statistics of mortality. We trust that the International Congress did not adjourn without heeding the suggestion. The great practical value of sanitary statistics, and the records of disease, render it desirable that such statistics should be publicly recorded wherever and whenever opportunities are found. A noble example of voluntary labors for this object is now seen in the State of New York, under the direction of the State Medical Society; and the first great contribution—from the late distinguished president of the society—Dr. Brinsmade of Troy, is worthy of general imitation by medical practitioners. But in addition to records of disease it is desirable to secure accurate statistics of health, in connexion with improved conditions of domiciliary and external hygiene; the improvement of workshops, schoolrooms, regulated hours of labor or study; improvements in diet and in exercise.

A SINGULAR case of mal-practice on an infant is reported in this city. The coroner's inquest elicited the following facts:

Robt. Foster, the father of deceased, testified that he resided at No. 159 East Eleventh street, and that the babe was born on the 1st inst.; Dr. Burke, of Grand street, was the attending physician, but subsequently Dr. Allen came to his house and stated that in the absence of Dr. Burke from the city, he had been deputed to attend his patients. On the occasion of Dr. A.'s second visit Mrs. Foster told him that the infant was laboring under an attack of diarrhoea, when he wrote a prescription of powders, one of which was to be given at night, and in case it failed to afford relief, another was to be administered in the morning; the prescription was made up at Dr. Powell's drug store, in avenue A., but the clerk remarked that it was too strong a dose for a child, two grains of opium forming a part of it; he told the clerk not to make it so strong, when the latter replied it was not his business but that of the doctor who

wrote the prescription. On taking the medicine home, only one-half of one of the powders was given to the child, and fifteen minutes after it had been administered the infant was thrown into convulsions in which it continued in intervals until one o'clock the next afternoon, when death resulted. Prior to the death of the child, Dr. Allen had been called in, when the doctor remarked that the child had been poisoned, and that wrong medicine had been given it, adding, that either he or the druggist had made a mistake; the prescription shown was the one that he wrote, and the medicine that which he procured from the druggist; he did not believe that the child swallowed more than one-half of the powder that was given it.

The physician, Dr. MACDONALD ALLEN, testified as follows:—

“I reside at No. 447 Grand street, and am a physician; I called to see Mrs. Foster at the request of Dr. Burke, who had charge of her previously; on Monday I prescribed the prescription shown, and the next day I was called by Mr. Foster, who stated that the child was in convulsions; I went home with him, when he remarked that the druggist who had made up the prescription had said it was very strong for an infant; I prescribed two grains of opium in four powders; I did not intend to give opium at all, but intended to give rhubarb; I have had considerable trouble of late in my family, and my mind was somewhat discomposed in consequence; I had an adult patient suffering from dysentery, and I must have been thinking of the medicine for him when I prescribed for the child; the dose would have been proper for an adult.”

The druggist who put up the prescription, testified:—

“I reside at No. 163 avenue A, and am employed in Dr. Powell's drug store at that place; I have been three years in the business and have attended two courses of lectures at the Thirteenth street Medical College; I put up the prescription shown, but supposed, as it was intended for a child, that it would have been subdivided into smaller powders.”

The jury returned the following verdict:—

“That deceased came to his death from convulsions produced by an over-dose of opium, administered by Dr. Macdonald Allen. The jury believe the physician was guilty of gross carelessness, and we further censure the druggist for not warning the father of the danger of administering so large a dose of opium to so young a child.”

After the rendering of the verdict Coroner Gamble announced that he should hold Dr. Allen in the sum of \$500 to answer before the Grand Jury. The doctor was then examined in the prescribed manner. He stated that he was a native of Scotland, 25 years of age, and a physician by occupation. In relation to the charge against him he replied:—

“My mind was very much troubled when I ordered the medicine. Although I very much regret having administered opium instead of rhubarb, I do not think that the death of the child was occasioned by the opium it took on account of the small quantity it swallowed and the length of time (sixteen hours) that elapsed before it died. The mother states that only one-third of a powder was given which reduces the dose to one-sixth of a grain, and the father states that one half of that quantity was lost in administering it.”

The doctor subsequently obtained bail and was released from custody.

The censures of the jury in this case were merited. More culpable carelessness in a physician than that acknowledged by Dr. Allen can scarcely be conceived, and yet grave mistakes do occasionally occur with the best practitioners. In such instances the druggist has a plain duty to perform

which, if he neglects, should render him *particeps criminis*. The plea that it is "not his business, but that of the doctor who wrote the prescription," should be held as valid as if he had witnessed a murder with folded hands. The following judicious views of an eminent pharmacist, SAMUEL M. COLCORD, of Boston, on the relations of the apothecary to the physician and patient are such as govern the best class druggists:—

"Our first duty, as conscientious pharmacists, is to have a thorough knowledge of our profession; then, as occupying an important position, and as co-laborers in the benefits to be derived from medical science, our duty is clearly to protect the public, and do the best that can be done for our customers who confide in us, in our department. Equally with the physician in his, I hold that we have no right to jeopardize the health or life of the patient by any doubtful interpretation of a prescription, or even put up a dangerous prescription correctly written when we are sure that we know the dangerous consequences better than the prescriber."

By a decision of the Superior Court, Leonard J., it was last week decided that the Marine Hospital, as a State institution, has not been abolished by the substitution of Floating Hospitals for the sick with yellow fever and cholera, and the transfer of other diseases to the various institutions on the islands of the East River. Upon this decision the Judge ordered a peremptory *mandamus* to be issued for the payment of Dr. Jerome's claim for salary as chief physician under State appointment. Though the Marine Hospital is constructively and actually abolished as a hospital establishment, all the sick being elsewhere provided for, this litigation illustrates the imperfections of New York legislation relating to quarantine. Whatever may be thought of the decision, it is certain that the five thousand dollars which it brings to Dr. Jerome but poorly repays his twelve months absence from a lucrative country practice.

Reviews.

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF LONDON. Vol. I., for the year 1859: together with a report of the Inaugural Meeting of the Society, a list of Officers, Fellows, etc. London: Longman, Green, Longman, & Roberts. 1860. pp. 347.

THE founding of the Obstetrical Society of London, as we learn from the proceedings of the inaugural meeting, held Dec. 16, 1858, met with strong opposition; but whatever the nature of the arguments raised against it, the present volume of Transactions—the standard by which its necessity and usefulness are hereafter to be decided, is sufficient vindication of the wisdom of its projectors. The volume contains forty-one papers on subjects relating to obstetrics, and the diseases of women and children. Many of these papers are of great interest, and will have a decided effect upon practical obstetrics. We may instance No. II. in the collection, "On the Abolition of Craniotomy from Obstetric Practice in all cases where the Fœtus is living and viable," by Dr. TYLER SMITH; No. XI. "Some recent Cases (fourteen) illustrating the Physiology and Treatment of Placenta Prævia," by Dr. ROBERT BARNES; No. XIX, "The

more frequent Use of the Forceps, as a means of lessening both Maternal and Fœtal Mortality," by Mr. Philip H. Harper; No. XXIX. "On the Hydatidiform or Vesicular Mole, its Nature and Mode of Origin," by Dr. GRAILY HEWITT. Many very interesting cases are reported in detail with practical remarks by the authors. The volume is beautifully illustrated. The annual subscription to this Society is One Guinea, which entitles the member to a copy of the Transactions.

AN ESSAY ON HERNIA. By JAMES BRYAN, A.M., M.D., Professor of Anatomy in the New York Medical College. Philadelphia: 1860. Quarto, pp. 14.

THIS Essay is published in quarto form, only for subscribers. The design of the author is stated in the preface to be to produce a work in the best style of art, under the impression, "that an American production, with illustrations drawn from every-day practice, on a subject of so much importance, and of so common occurrence in the experience of the practitioner as Hernia, might be acceptable to the student and junior practitioner." The lithograph which accompanies the Essay is a fair illustration, and the text is a simple description of hernia.

THE LONDON MEDICAL REVIEW. Monthly. No. II. July, 1860. London: H. Baillière, 219 Regent St. New York: Baillière Brothers, 440 Broadway. 8vo. pp. 51

THE appearance of another well-printed, and ably edited review, as a candidate for medical favor in the British metropolis is an event significant of the progress of medical journalism, if not of scientific medicine. The first number of the *London Medical Review* was issued on the 1st of July, and it is hereafter to be published monthly. From the brief preface we gather that this is not to be altogether a review, but will have many of the characters of a general periodical. The present number contains four original articles; five review articles; a report from the Middlesex Hospital; a report upon the progress of chemical science in connexion with medicine, etc., etc. From the character of the articles in this initial number, and the names associated with them, we may safely predict that this review is to take an important place among British periodicals.

CUBA FOR INVALIDS. By R. W. GIBBES, M.D., Columbia, S. C. New York: W. A. Townsend & Co. 1860. pp. 214.

THE author of this little work, the editor of the State paper of South Carolina, and the Registrar of that State, has given an account of his travels in Cuba in search of health. He first visited Havana, but finding the air unsuited to him he subsequently visited Trinidad de Cuba. The climate of this place is strongly recommended by Dr. Gibbes for persons suffering from lung affections. He gives, on page 57, the monthly range of the thermometer for the year, the maximum being 92° in July and August, and the minimum 56° in January; mean heat of thirteen years, 80.1. The work abounds with descriptions of scenery, observations upon the habits and manners of the people, and facts and figures illustrative of the agricultural and commercial interests of Cuba. It will prove a valuable guide to travellers, and especially invalids who seek a temporary residence in Cuba.

Progress of Medical Science.

PRACTICAL MEDICINE AND THERAPEUTICS.

Symptoms of Inflammation in the part of the Cord from which originate the Nerves of the Lower Extremities. By DR. BROWN-SÉQUARD. (*Lancet*, July 14, 1860.)—The characteristic symptoms of this local myelitis are: 1st. A constant pain at the part of the spine corresponding with the upper limit of the inflammation of the cord. 2nd. Whether a constant pain exists in a very marked degree or not, it is almost always found that pressure upon the spinous process of the vertebrae (sometimes even a slight one), when made at the upper limit of the inflammation, causes an acute pain. 3rd. The passage of a sponge, filled with warm water, along the spine, gives a normal sensation of heat in all the parts above the seat of the inflammation, but a burning sensation at its upper limit. 4th. The passage of a small lump of ice along the spine gives the natural sensation of cold everywhere, except at the level of the inflammation, where the sensation is that of burning. 5th. Most patients complain much of a sensation as if there were a cord, or some other ligature, tied round the body, at the limit of the paralysis. In a few patients there is but a very slight sensation of that kind. This symptom seems to exist in all cases of myelitis, and to depend chiefly, but not entirely, upon a state of cramp of some part of the muscles of the abdomen or the chest. 6th. Various sensations, resembling very much those which follow the pressure upon a nerve, such as formication, pricking by pins and needles, and sometimes a feeling of burning or intense cold in the feet, legs, and thighs, less frequently in the abdominal walls. These sensations exist with as much, if not with greater, violence, in parts deprived of sensibility, as in parts which are still sensitive. They originate from the irritation of the grey matter of the spinal cord, and are referred to the limbs and abdomen, just as the pressure upon a nerve produces sensations in its ramifications. They are important indications of myelitis. 7th. Cramps in the feet or calf of the legs are very frequent. There are more or less of them in every patient. Frequently there are cramps also in the large abdominal muscles, besides the circular and linear cramp that gives the above-mentioned feeling of tightening. A cramp limited to a part of one or several abdominal muscles may remain almost permanently for days and weeks, forming a kind of lump, which may be mistaken for a tumor. 8th. Whether myelitis exists only in a small zone of the spinal cord, or occupies the whole of the dorso-lumbar enlargement, the paralysis of movement exists in all the parts of the body that receive their nerves from the portions of the spinal cord that are below the upper level of the inflammation. The degree of paralysis varies extremely in different patients, but it is nearly the same in the various muscles of the lower limbs in the same patient. 9th. Paralysis of the bladder and of the sphincter ani is almost always present in inflammation of the lower part of the dorsal region of the spinal cord; but when the seat of the inflammation is higher up in the dorsal region, there is rather a spasm than a paralysis in the sphincters of the bladder and anus. Often then there is retention of urine, owing to the paralysis of the bladder while the sphincter vesicæ is more or less in a spasmodic state. 10th. One of the most decisive symptoms of myelitis is the alkalinity of the urine. There is no patient attacked with myelitis in the dorsal region of the cord whose urine is not frequently alkaline. At times, especially after certain kinds of food, the urine is acid, but the alkalinity soon reappears. 11th. Anaesthesia, or at least a diminution of sensibility, always exists in myelitis, except when the grey matter is not the seat of the disease, which is very rare. Usually, the inflammation begins in the central parts of the grey matter, and then a diminution of sensibility is one of the first symptoms. That peculiar kind of sensibility of muscles which serves to direct

our movements is especially impaired in the very beginning. 12th. When the dorso-lumbar enlargement is inflamed, reflex movements can hardly be excited in the lower limbs, and frequently it is impossible to excite any. On the contrary, energetic reflex movements can always be excited when the disease is in the middle of the dorsal region, or higher up.

Iodide of Iron. By DR. COLLIN. (*Med. Times and Gazette*, June 16, 1860.) This substance was first introduced into practice by Dupasquier, of Lyons, and has gained considerable repute. Dr. C. had employed it with good results in the general struma of children, phthisis, and chronic pneumonia, and now proposes to test its virtues in the treatment of consumption. The twenty-five cases upon which it was tried were not selected, but taken just as they arrived at the Consumption Hospital, those only being excluded which were either at too advanced a stage to admit of any remedial treatment, or which happened to be laboring under some inflammatory, or important complication. The iodide was administered in the form of the syrupus ferri iodidi mixed with wafer, in doses of a drachm, twice, and sometimes three times a day. It was continued, according to its effects, for various periods; the shortest being one month, and the longest three months. Of the twenty-five patients, eleven were males and fourteen females; their ages varied from eighteen to forty years. Eight were in the first stage of the disease; three were in the second stage; and fourteen presented positive evidence of pulmonary cavities. In ten cases there was great improvement; in four moderate improvement; and in eleven no improvement. In analysing these results, it was found that of the ten greatly improved four were in the first stage of the disease, and six in the third. Of the four moderately improved, one was in the first stage, one in the second, and two in the third. Of the fourteen in whom no improvement was noticeable, three were in the first stage, two in the second, and nine in the third. Three cases of improvement were very decidedly marked; two of these patients, whose disease was only in the first stage, left the Hospital with their pulmonary affection quiescent, and apparently restored to health, calling themselves, indeed, 'quite well;' and the other, although more advanced and in the third stage of phthisis, was marvellously improved, and able to resume his occupation. In two cases hæmoptysis came on during the administration of the iodide, and in two the iodide was discontinued on account of headache and dyspepsia. The spitting of blood probably was in no way attributable to its use, hæmoptysis having occurred previously in the same patients; but the other symptoms, having ceased or diminished with a change of medicine, might perhaps fairly be referred to its employment. Except in these instances, the iodide of iron appeared to agree very well with the patients, several or whom improved very much in appetite and strength. Three of the patients in whom there had been no improvement afterwards derived benefit from other medicines. In eight of the cases, cod-liver oil was occasionally taken in combination with the iodide; one-half of these were found to belong to the class of improved, the other half to that of not improved. Of the fourteen improved cases ten gained in weight, some of them very considerably, three remained *in statu quo*, and one lost two pounds while under treatment. The improvement, however, was not always in proportion to the increase of weight, some of the patients who had increased the most having improved the least.

On Congestion of the Heart and its Local Consequences. By DR. JENNER. (*Lancet*, July 14, 1860.) The objects of this paper were to call attention to the occurrence of congestion of the muscular tissue of the heart, to the most common and direct consequences of that congestion—viz., induration and toughening of the walls of the heart, and to the influence which those changes of texture exercise on the development of dilatation of that organ, by rendering permanent every increase in capacity from over-distension, which would be temporary in a heart whose walls were normal.

Impediment to the passage of the blood, Dr. Jenner said, through the right side of the heart, whatever its cause, must be attended by over-distension of the veins of the heart; and as very gradually developed, long-continued intermitting congestion of any organ, the functions of which are over-actively performed, notwithstanding its congestion, is followed by induration, toughening, and hypertrophy, so the walls of the heart will, under the conditions specified, become harder, tougher, and thicker than natural; and as these changes in the texture of the walls of any hollow viscus are the conditions which determine the occurrence of permanent dilatation of that viscus, when pressure on the inner surface of its walls is sufficient to over-distend them, so when these changes affect the walls of the heart, and there is great impediment of the escape of blood from its cavities, they lead to its permanent dilatation.

New Mode of applying Chloroform in Neuralgia. By Mr. LITTLE. (*Edin. Med. Journal*, April, 1860.) From observing that the lips of the patients were partially blistered after inhaling chloroform, Mr. Little was led to try the effects of this agent when applied locally. He first covered it with oiled silk and gutta percha, but without success; he then used a watch glass to cover the lint soaked in it, with the best effect. He has thus applied it in neuralgias of the face, angina pectoris, lumbago, dysmenorrhœa, and allied affections.

Subcutaneous Injection of Acetate of Morphia in Delirium Tremens. By Dr. OGLE. (*Med. Times and Gaz.*, July 21, 1860.)—Dr. OGLE reports a case of delirium tremens which was first treated with chlorodyne, and chloroform inhalations, but without success. He then injected one grain of acetate of morphia in solution into the cellular tissue of the arm, and in about an hour the patient fell asleep, and slept five hours, waking quite rational.

Catheterism of the Larynx in Diphtheria. (*Lancet*, July 14, 1860.)—A very careful investigation of this method of treatment has just been concluded. It had been carried on by a committee appointed by the Medical Society of the Hospitals of Paris, in order to answer the following question put by the Director-General of Hospitals:—Has catheterism of the larynx in diphtheria, as recommended by M. Loiseau, been successfully employed in the hospitals of Paris? The committee was composed of Messrs. Béhier, Monneret, Roger, Sée, and Barthez, the latter of whom drew up a very careful report filled with interesting facts, and very legitimate deductions.

The committee think that M. Loiseau's treatment is not so successful as might, from his assertions, have been expected. The local manifestations have sometimes been favorably modified by it; but it does not check the disease—does not prevent its transformation into croup, and is not more efficacious than the remedies usually employed. The catheterism of the larynx, as practised by M. Loiseau, is not a difficult operation, and has afforded temporary relief to some patients. It has cured four out of twenty-six cases; whilst tracheotomy and the internal treatment were successful in nine cases of these same twenty-six, after M. Loiseau's treatment had failed. The operation is not free from danger, as it caused the instantaneous death of a child upon whom it was performed. This catheterism, in several cases, did harm, and had to be followed by tracheotomy. The committee are, therefore, of opinion that this mode of treatment cannot as yet be substituted for the means hitherto employed, and should not, as M. Loiseau wishes, make us give up the administration of internal medicines; nor should tracheotomy be replaced by this method, as the operation is pre-eminently useful in surgically removing the obstacle which prevents the air from reaching the lungs.

On the use of Chinoidine in Periodical Fever. By Dr. CAIN. (*Charleston Med. Jour. & Rev.*, July, 1860.) Chinoidine being about one-fourth the cost of quinine would be a very desirable substitute if its therapeutic properties in periodic fevers were as great. Dr. Cain has put it to a practical test, and reports very favorably. He prescribes it

in the same manner as quinine, proportioning the dose to the type and grade of the fever; the form of pill is preferable.

Of fifty-four cases of intermittent, three terminated fatally; of these, one was in a profoundly adynamic state at the time of admission, and two died of delirium tremens, each on the fourth day after the cessation of the fever. Thirty-four had no return of the paroxysm; five had an abortion of the paroxysm; four had one; six had two, and one had three slight paroxysms; one had one, and two had two violent paroxysms after the commencement of the treatment. The types were the quotidian, single tertian and double tertian; forty-four quotidian, nine single tertian, one double tertian. Of the grades, five were of severe, forty-nine were of mild, medium grade.

Reports of Societies.

NEW YORK MEDICAL AND SURGICAL SOCIETY.

Dr. GEO. WILKES, President, in the Chair.

FEB. 4TH, 1860.

DISCUSSION ON DIPHTHERIA.

(Continued from page 128.)

Dr. CLARK stated that on the evening after the last meeting he was called in consultation by Dr. Crane, to visit a family in Elizabeth, N. J. Six, out of eight, children were suffering at the time from scarlet fever, and one was lying dead in the house. Three out of the six children presented diphtheritic membrane in the fauces, and the remaining three had swollen tonsils with more or less inflammation of the throat. One of them had some white spots upon the inner surface of one of the tonsils, which at first looked a little like membrane, but afterwards turned out to be nothing more than a white secretion in the follicles. Two of them were at that time, as we supposed, desperately sick, and in one of these the membrane was distinctly discoverable in the nasal passages. The voice was a mere cry. The breathing was not as much obstructed as in croup, but sounded as if a valvular structure was playing up and down over the opening of the larynx; and we took it for granted that if the membrane had not already, it would eventually, extend into that portion of the breathing apparatus. The pulse was 140, and the intelligence nearly abolished. The patient was lying with her eyes closed, paying no attention to anything that was said, and considerable force had to be used to open the mouth. She moaned with almost every breath, though occasionally she would get a little quiet and seem to be asleep. This child finally recovered.

In one of the other children, the nasal passages were entirely plugged up by the drying of the secretions that flowed down from the external opening. The constitutional symptoms with him too were very marked. His pulse was the same as the others, but instead of being semi comatose, he was restless, dozing continually. He lived nearly a week from the time I refer to, and apparently died from exhaustion, the result of the occurrence of numerous ulcerations very much after the manner of bed sores. It struck him that this latter feature of the disease was an evidence of the constitutional influence of the poison. The father, who was fifty-seven years of age, also had the diphtheritic exudation in the fauces, but in him none of the symptoms of scarlet fever had presented themselves. He, however, had the same character of valvular breathing as noticed in the daughter. His tonsils and velum were very much swollen, and the glands on the outside of the neck moderately so. The moment he lost consciousness in sleep his breathing would stop as if something had passed into the opening of the

larynx and prevented the entrance of air. The inspiration alone was obstructed. His friends were unwilling to allow him to sleep at such times for fear he would suffocate. This difficulty of breathing did not seem to me to be dependent upon the existence of a membrane, but upon the swollen condition of the hanging portion of the fauces, which dropped fairly down upon the top of the larynx. As soon as the inflammation subsided this symptom passed off. At the time we saw him he had been in a state of active delirium for forty hours; his pulse was about 100 per minute. He finally recovered. The treatment for all these cases was about the same; pretty active stimulation with alcohol and the very free use of the sulphate of quinine, and the local application of nitrate of silver in solution. There was a circumstance that interested me in connexion with the two children who had the membrane in its worst form, relative to scarlet fever. In the girl, the eruption was out full for eight days, and when we saw her was perhaps subsiding a little; in the boy, the symptoms had been out eleven days, and was still vivid. Desquamation was quite active, and the scales were standing out, attached to the surface by their edges, in all possible directions; rubbing these off, the eruption could be seen as on the second or third day. The urine in these cases was not examined.

Dr. WILKES stated that he had met with an attack of diphtheria in a patient seventy-two years of age.

Dr. MCCREADY within the last four weeks had been called to four cases of diphtheria following scarlet fever; two of these terminated fatally very soon after he saw them. In both the pulse was exceedingly frequent; there was a good deal of restlessness present, and the membrane covered the posterior part of the fauces, extending to the windpipe. The third case was somewhat similar in character as far as symptoms were concerned.

The first case was one of those which some time ago would have been called croup. I was called in consultation to see a stout boy, three years of age, with a pulse not much over 100, skin a little warm, and face somewhat flushed. I was told that there was ulceration about the throat, but no false membrane. On examination, however the so-called ulceration was found covered with an ashy-colored patch of membrane, the child was also quite hoarse, and had the regular croupy cough. I did not see the case a second time, but read of its fatal termination a week after in the newspaper. The case agreed in every respect with the description which foreign writers give to croup.

Dr. WATTS had seen one additional case since the last meeting:—A young lady, twenty years of age, was attacked on Wednesday last with what she supposed to be "chills and fever." She had a fair chill, followed by fever, a good deal of pain in the back, and also a sore throat. I was sent for on Thursday afternoon, about thirty hours after she was first attacked. Her pulse was 130; she had a thickly-coated tongue, a severe pain in the back of the head and post-cervical region; the skin was cold and covered with a clammy perspiration. On looking into the throat, both tonsils were covered with a thick white deposit, which I am compelled to recognise as diphtheritic. I immediately placed her upon the use of quinine in two grain doses every two hours, and directed wine-whisky to be given, with the utmost freedom. Her skin was rubbed to get up an active circulation, and at bedtime opium, was added to the quinine. I saw her yesterday morning, and the symptoms were decidedly moderated. Yesterday she was a good deal better; and to-day I found her very comfortable. The exudation has disappeared, leaving in its place a strawberry-roughness. The pulse is about 90, and has considerable force. No local treatment was employed.

Dr. METCALFE next made the following statement:—Since the beginning of the winter I have had ten cases of this disease, six of which I have seen in consultation. There have been seven cases in which the diphtheritic deposit affected the throat mainly, in the others the

Schneiderian membrane was the principal seat of the exudation. The first case was a child three years of age who was dying when I saw it; both tonsils and part of the velum were covered with the membrane. The patient died comatose. The next was the sister of this child, who presented the exudation on each tonsil, the palate, and in the nostrils; there was a good deal of constitutional excitement, with occasional delirium, present. This case terminated favorably after a fortnight's illness. The third case was a brother of the last, eight months old; the membrane was situated on the surface of the tonsils, and invaded a small extent of the palate. This child recovered after four weeks illness. The uncle, who was in the house, convalescent from measles, had a slight diphtheritic patch on the palate. The mother also had some trouble about the throat, her tonsils were much reddened, and the peculiar coating could be scraped from their surfaces without much difficulty. The constitutional disturbances were very trifling, and in two or three days she was entirely recovered. The next was a little girl four years old; I saw her on the next morning after the night she was attacked, when I found both tonsils almost completely covered with the membrane. The pulse ranged from 160 to 180. The breath was horribly fetid. The exudation in the course of the next day spread so as to cover the palate, and the grave symptoms increasing, the child died of apnoea two days after. The next was a child twelve years old, of a delicate constitution, who was taken on a Sunday morning, the membrane covering both tonsils and the edge of the soft palate. On Monday he was somewhat better; on Tuesday the fever subsided, and the membrane disappeared. That night the membrane reappeared, and extended into the nostrils; together with this there was attendant an immense tumefaction of one side of the neck. In consequence of this, there was a good deal of constitutional excitement, delirium, and difficulty of deglutition. The child, after making us believe for the greater part of four days that she was going to die, finally became convalescent. In this connexion Dr. M. exhibited a beautiful cast of membrane which had separated itself from the tonsils. Another case was in a young man, a member of the class at the University. He was taken sick on Saturday, and showed the patches in his throat the day following, when he experienced some difficulty in deglutition; had fever debility, and quickness of the pulse. These symptoms continued for three days; he suffering a great deal without being, as I thought, in positive danger. On the fifth day after the commencement of the attack, he was suddenly taken with a rigor, his skin was cold and covered with perspiration—respiration forty per minute. He could not lie down for a minute without having symptoms of suffocation. The gentleman who saw him with me was of the opinion that the case would terminate fatally very soon; the patient, however, recovered, and was able to return home on the Monday following. These are the only cases worthy of mention; of the rest, with but one exception there was very little constitutional excitement—some quickness of the pulse, pallor of the body, restlessness, pain in swallowing, and the occurrence of a well-marked membrane, with nasal deflection—and they all got well. I have not used quinine in any of the cases, but in its stead the mur. tinct. ferri in twenty-drop doses every two hours to adults, decreasing the quantity according to the age of the patient. Besides this, I give plenty of beef-tea, milk-punch, and wine whey. I have used the sol. of nit. silver locally, but can't say that I have derived any benefit from it. I have given the chlorate of potash as a gargle, but there again I failed in obtaining any good results. In conclusion, Dr. Metcalfe referred to a new remedy, the iod. of bromine, which had been brought to his notice by a physician in Long Island. It was used locally in the strength of fifteen drops to eight ounces of syrup, and was of great service in correcting the fetor of the breath. He (Dr. M.) had succeeded very well with the remedy, and advised the members to give it a trial.

Dr. WATSON referred to the case of a gentleman who, within the last six weeks, was attacked four different times with sudden fits of suffocation, which, after existing for a time, would be followed by the discharge of a plug from the bronchial tubes, when immediate relief would ensue. Dr. W. attended him in one of these attacks, and stated that the plug raised at that time was about two inches long, and about as thick around as the forefinger. The extremities of this mass were much softened while the centre was hard and tough. He thought it possible that the condition of things referred to might have more or less to do with the epidemic of diphtherite.

General Correspondence.

COLD AFFUSION TO THE CHEST IN ASPHYXIA FROM CHLOROFORM.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR: The report in your issue of the 11th instant, of a death in Bellevue Hospital, from inhalation of chloroform, forcibly reminds me of a similar case which occurred in my practice about a year since, and which came near resulting in a similar manner. I beg leave to state the circumstances briefly, for the benefit of your readers, many of whom, though daily in the use of this invaluable agent, have not always on hand, as was the case with myself, the facilities for generating electricity sufficient to be available in such an emergency.

As physician to the poor of this town I was requested to see a man who, in a fit of intoxication during the night, had made his way into the loft of a neighboring barn, and in the morning found himself suffering from a severe pain in the hip-joint, with much swelling, distortion of limb, inability to move, &c. I found the man to be a drunken vagrant of this region, about fifty years of age, full habit, short neck, short heavy frame, and still somewhat under the influence of his potations of the evening previous, but yet not sufficiently *anæsthetised* to allow the slightest manipulation of his limb without great pain. The most superficial examination revealed an upward and backward dislocation of the head of the *femur*. The patient was placed on his back, and, with the help of six powerful men, reduction was attempted by "extension in the line of dislocation," but the obstinate resistance of muscles and the piteous cries of the patient induced me to resort to chloroform for its relaxing and *anæsthetic* effects.

After an interval of an hour to allow the *sobering process* to make a *man* of him, he was placed on the straw near a large open door, with head slightly raised, all strictures from tight clothing—that could possibly impede respiration—removed, and chloroform administered in the ordinary way on a linen pocket-handkerchief, so held as to allow a large admixture of atmospheric air. He had inhaled the vapor easily for the space of about five minutes with no unusual effects, and was pleasantly coming under its influence, and I was again about to take hold of his limb, when suddenly stertorous breathing set in, and respiration began to be very slow, and labored, with corresponding flagging in frequency and force of pulse and lividity of skin, all of which symptoms became aggravated every moment.

Under the circumstances, "Reed's Method of Reduction," was resorted to; and seizing the leg, I flexed it on the thigh, carried them across, closely hugging the thigh of the opposite side, and thence up over the abdomen, the thigh at the same time pressing the abdominal walls, until the axis of the limb was on a line with the body, and then with a forcible extension and external rotary motion of the whole limb the head of the bone slipped into its socket. I had hoped that this procedure, which, without the chloroform would have been next to impossible,

would at least have aroused the man to a sense of his peril, but respiration became less and less frequent, until he ceased to breathe entirely, the pulse at the wrist was lost, and auscultation over the precordia elicited no sound. He had become perfectly *asphyxiated*; his black and distorted features, and blood-shot eyes gave him the appearance of one just "delivered over to his friends" by the executioner. All thought him dead, and every man in the barn with one exception fled. This man I sent for a pail of water, and in his absence I stripped the patient entirely, and began a series of slappings on his chest and buttocks with the palms of both hands alternately, as only a surgeon under such circumstances could do. After some delay my assistant came with a *pint cup* of water. This was dashed on the man's bare chest, and express directions given for a pailful the next time. He had to hunt up a pail—go some distance to a neighboring pump, fill it, and bring it to the loft, all of which consumed precious time. After his return, I directed my assistant to pour successively cupful after cupful of cold water, from as high a point as he could reach, in a full stream directly on the centre of the patient's chest, which he did most faithfully, while I as faithfully kept up the slapping process with my hands. The resuscitation of the patient became more and more hopeless, until, after the lapse of three or four minutes, we had the satisfaction of witnessing a deep inspiration. By gently pressing the chest, the air was expelled, and in a few seconds another inspiration, followed by external pressure, the stream of cold water not being allowed to be suspended for an instant. We thus secured five or six deep inspirations per minute at first, until lividity of face began to clear up, the heart feebly to act, the pulse to be felt at the wrist, and the man took upon himself the responsibility of his own breathing. In less than half an hour he was conversing with us. I was led to resort to "the stream of cold water" for excitation of the respiratory muscles in this case from having some time before been equally successful with it in an adult nearly *moribund* from a large dose of crude opium taken for the purpose of self-destruction. In that case the process was kept up for over an hour, which alone excited respiration and kept the skin tolerably clear, until he was sufficiently restored to be walked about and flagellated "*à la mode*" the authorities.

H. C. MAY, M.D.

CORNING, NEW YORK, August, 1860.

SMALL-POX.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The total number of deaths in this city from small-pox (including 135 of varioloid) from Jan. 1st, 1850, to Jan. 1st, 1859, a period of nine years, is 4,096.

Greatest number in a year,	681
Least " " "	101
Average " " "	455

The comparative fatality of different months will be seen in the following statement:

1850-58, inclusive:—January, 505; February, 530; March, 474; April, 364; May, 406; June, 310; July, 204; August, 176; September, 152; October, 196; November, 302; December, 477. Total, 4,096.

No month within the time above-mentioned passed without a death. To the inquiry as to the reasons for the great prevalence of this malady, it may be well to reply in this connection, that *tenement houses* have been the chief centres of the contagion; and as the Health Department of the city is at present organized, no means exist of placing them, when so infected, under proper surveillance. In proof of the statement, we cite only one or two of many facts. The first is, that two, three, or more cases of confluent small-pox not unfrequently remain together in cramped, confined apartments, beyond possibility of their transfer to the appropriate hospital; and second, that the unretained bedding and clothing, upon the decease or con-

valescence of a patient from this disease, instead of being conveyed to the City Cemetery, and there burned, is set on fire in the street, or thrown out for the rag-pickers to collect, or cast into the vault of a rear yard, thence to exhale its poison.

With these and other most urgent reasons for a reform, it is impossible to understand why this terrible official neglect of a scourge, which the exercise of suitable means might confine in narrow limits, is tolerated. Unless the public mind is aroused upon the subject, the record of the next nine years will undoubtedly exhibit a similar result to that of the last. Even professional politicians must be converted. During the last three sessions of the Legislature they have exerted themselves to the utmost to prevent all legislation tending to improvement in this respect.

B. B.

August 23.

Medical News.

APPOINTMENTS.

NEW YORK HOSPITAL.—ROBERT F. WEIR, M.D., Curator, in place of ROBERT RAY, M.D., deceased.

BELLEVUE HOSPITAL.—CHARLES PHELPS, M.D., Curator, in place of J. W. S. GOUTLEY, M.D., resigned.

NURSERY AND CHILD'S HOSPITAL.—J. LEWIS SMITH, M.D., Curator.

LONG ISLAND COLLEGE HOSPITAL.—RUFUS KING BROWNE, M.D., Resident Surgeon, in place of DR. CRANDALL, resigned.

Erratum.—In Dr. Jacobi's paper (page 114 of the last number, second column, eighth line from the bottom) for, "and descends slowly," read "and ascends slowly."

Correction.—Dr. Post's case of diphtheria, reported on page 68, died on the night of the day he saw her in consultation, having had the disease for several days previously. The case was an unusually severe one.

EUGENE A. GROUT, whose fissure of the sternum exposed the actions of the heart, and on account of which he has been an object of great interest among physicians, received the honorary degree of M. D. at the recent commencement of Dartmouth College.

BOYLSTON MEDICAL PRIZE QUESTIONS.—At the annual meeting of the Committee on Wednesday, Aug. 1st, 1860, a premium of ninety dollars, or a gold medal of that value, was awarded to JOHN BELL, M. D., of New York, for the best dissertation on the question:—*How far does the Microscope assist us in Surgical Diagnosis?* The other premium of the same value was awarded to DAVID W. CHEEVER, M. D., of Boston, for the best dissertation on the question:—*The Value and the Fallacy of Statistics in the Observation of Disease?* The following questions are proposed for 1861:—1. *Eccision of Joints?* 2. *Diagnosis and Treatment of Chronic Pleurisy.* Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M. D., on or before the First Wednesday of April, 1861. The following are the questions proposed for 1862:—1. *How far does the Microscope assist us in Surgical Diagnosis?* 2. *On Nausea and Vomiting, as symptoms, under what circumstances do they occur, and what indications do they afford as to the seat and character of disease?* Dissertations on these subjects must be transmitted as above, on or before the First Wednesday in April, 1862. The author of the best dissertation considered worthy of a Prize, on either of the subjects for 1861 and for 1862, will be entitled to a premium of Sixty Dollars, or a Gold Medal of that value, at his option.

A FATAL PASSION FOR HANGING.—A lady, inhabiting a pretty little house near Paris, possessed of ample means, of a charitable disposition, and very fond of reading, writing,

and purchasing books, was found hanging the other day. She left a document of an extraordinary character, in which she stated that, no sooner had she determined upon hanging herself than she executed the deed. She always had a remarkable predilection for people who had been hanged, and she left in her library a manuscript in which she had inserted accounts of all celebrated persons who had been hanged; and in another MS. all the proverbs and sayings concerning hanging were collected. "Hitherto, however, the idea of hanging myself had not entered my head, but becoming *ennuied*, and having lost my taste for everything, even for my favorite pastime of reading, the idea of suspension, has occurred to me, and as soon as I have completed this note, I shall put it into execution. I desire that the rope I employ may be divided between my two neighbors, and that all my property be realised:—First of all, a pension of 40*l.* must be reserved for my old servant, and then all that remains must be so disposed of as to produce ten equal portions, which are to be distributed to the first ten poor families, one of the members of which may happen to hang himself, dating from the day of my death. This is my sole will and testament."—*Med. Times and Gaz.*

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 11th day of August to the 18th day of August, 1860.

Deaths.—Men, 84; women, 77; boys, 167; girls, 144—total, 472. Adults, 161; youths, 20; children, 291; males, 251; females, 221; colored, 4. Infants under two years of age, 235. Among the causes of death we notice:—cholera-infantum, 91; infantile convulsions, 81; croup, 6; diarrhoea, 19; dysentery, 11; scarlet fever, 19; typhus and typhoid fevers, 5; inflammation of brain, 17; of lungs, 11; of stomach, 10; measles, 6; small-pox, 3; sun-stroke, 8; consumption, 55; dropsy of head, 8; infantile marasmus, 34. (Classification: brain and nervous system, 81; respiratory, 85; digestive, 182.)

The number of deaths compared with the corresponding weeks of 1855 and 1859, and of last week, was as follows:—

Week ending August 14, 1858.....	638	Decrease.....	165
" " August 20, 1859.....	710	" ".....	238
" " August 11, 1860.....	654	" ".....	182

JULY. and Aug.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb. Therm.		General di- rection of wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	Is.	Is.	•	•	•	•	•		0 to 10	Is.
12th.	29.95	.06	75	64	80	7	12	SE.	7	
13th.	29.90	.15	78	72	83	4	6	SE.	9	
14th.	29.90	.20	63	60	65	8	5	NE.	10	2
15th.	30.06	.06	65	58	78	8	12	NE.	.1	
16th.	30.07	.04	68	58	77	12	16	N.E.	.01	
17th.	30.00	.11	72	63	80	8	11	SE.	0	
18th.	29.87	.14	78	69	84	7	10	SE.	2	2

REMARKS ON THE WEATHER.—12th. Sultry; wind light. 13th. Sultry; variable wind and sky; gale with heavy rain, P.M. 14th. Storm, A.M., moderate, P.M.; the wind during this storm blew for almost equal periods from the SE. NE. and NW., with a high range of barometer. 15th. Fine; wind light, A.M., fresh, P.M. 16th and 17th. Fine, with very light winds. 18th. Sultry; wind light, A.M.; rain with thunder and lightning from 5 to 6 P.M.; evening cloudy.

MEDICAL DIARY OF THE WEEK.

Monday, Aug. 21.	{ CITY HOSPITAL, Surgery, Dr. Watson, half-past 1 P.M. BELLEVUE, Obstetrics, Dr. Taylor, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Aug. 22.	{ BELLEVUE, Medicine, Dr. Elliot, half-past 1 P.M. CITY HOSPITAL, Surgery, Dr. Parker, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Wednesday, Aug. 23.	{ EYE INFIRMARY, Operations, 12 M. CITY HOSPITAL, Medicine, Dr. Griscom, half-past 1 P.M. BELLEVUE, Surgery, Dr. Meir, half-past 1 P.M. ACADEMY MEDICINE, 8 P.M.
Thursday, Aug. 30.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. CITY HOSPITAL, Surgery, Dr. Watson, half-past 1 P.M. BELLEVUE, Medicine, Dr. Greene, 12 M.
Friday, Aug. 31.	{ CITY HOSPITAL, Surgery, Dr. Parker, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday, Sept. 1.	{ BELLEVUE, Surgery, Dr. Mott, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. CITY HOSPITAL, Medicine, Dr. Bulkley, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.

New York Medical College, No. 90

East 13th st., near 4th Avenue.
Eleventh Session—1860-61.

FACULTY.

E. OGDEN DOREMUS, M.D., Professor of Chemistry.
J. M. Carnochan, M.D., Professor of Clinical and Operative Surgery.
D. MEREDITH REESE, M.D., LL.D., Professor of Theory and Practice of Medicine and Medical Jurisprudence.
B. J. RAPHAEL, M.D., Professor of Principles and Practice of Surgery and Surgical Pathology.
A. K. GAEDNER, M.D., Professor of Clinical Midwifery and Diseases of Females.
JNO. O. BRONSON, M.D., Professor of Anatomy.
CHAS. A. BUDD, M.D., Professor of Principles and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
BERN L. BUDD, M.D., Professor of Toxicology.

*** The Professorships of Physiology, of Materia Medica, and of Clinical Medicine will be filled in time for the opening of the Session.

FWLER PRENTICE, M.D., Demonstrator of Anatomy.
THOS. A. WHITNEY, M.D., Assistant Demonstrator of Anatomy.
JAMES H. BRUSH, M.D., Professor to the Professor of Surgery.
SIMEON ABRAHAM, M.D., Assistant to the Professor of Surgery.
The Preliminary Course will open on Monday, Sept. 17th, with daily Lectures and Cliniques by the Faculty.

The Regular Session for 1860-61 will commence on Wednesday, October 17th, and will continue till the middle of the following March.
Demonstrative and practical teaching will be a distinctive feature in this school. There will be Cliniques daily in Medicine, Surgery, and Obstetrics.—Special attention will be paid to Analytical Chemistry, Operative Surgery, and Practical Anatomy.

Fees:—For a full Course of Lectures \$105.

" Matriculation 5.
" Final Examination . . . 30.
" Demonstrator's ticket . . 5.

Good boarding may be had in the vicinity of the College at from \$3 to \$4 per week.
E. OGDEN DOREMUS, M.D., Dean of the Faculty.

Medical College of Alabama, at MOBILE.

The Lectures of this Institution commence on the 14th of November, next. The rooms for Practical Anatomy open about the middle of October. The appropriation of fifty thousand dollars by the State has enabled the Trustees to erect a magnificent building, complete in every department. The Museum of the College is not surpassed by any in the United States.

FACULTY.

J. C. NOTT, M.D., Professor of Surgery.
J. E. HEUSTIS, M.D., Professor of Anatomy.
WM. H. ANDERSON, M.D., Professor of Physiology and Pathology.
GEORGE A. KETCHUM, M.D., Professor of Principles and Practice of Medicine.
F. A. ROSS, M.D., Professor of Materia Medica and Therapeutics.
F. E. GORDON, M.D., Professor of Obstetrics and Diseases of Women and Children.
J. W. MALLETT, Professor of Chemistry.
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Recherches sur l'unité du genre Humain
main au point de vue de l'Éducation et des croisements pour l'amélioration des Races, par A. Brierre de Boismont. 8vo. Paris, 1860. 37c.
BAILLIERE BROTHERS, 440 Broadway, N. Y.

The Theory of Vision; or, Visual Language, showing the Immediate Presence and Providence of a Deity, Vindicated and Explained. 12mo. London, 1733. Reprinted, London, 1860. \$1 37.
BAILLIERE BROTHERS, 440 Broadway, N. Y.

ANNOUNCEMENT.

In presenting the first number of the **American Medical Times**, to the subscribers to the **New York Journal of Medicine**, the Publishers particularly call attention to the fact that it is the continuation in a weekly series of that periodical, which ceased as a bi-monthly with the May number.

For an explanation of the motives which have led to the alteration in the form and issue of the Journal we refer to the leading editorial in the first number.

The publishers have much pleasure in stating that STEPHEN SMITH, M.D., will retain the position of Editor, with whom will be associated ELISHA HARRIS, M.D., and GEORGE F. SHRADY, M.D., who will devote themselves to the respective departments in which they are already known to the profession. Ample facilities are provided for reporting Lectures, Hospital Practice, Transactions of Societies, etc. Each number will consist of Twenty-four quarto pages, double columns, and contain Lectures, Original Communications, Reports of Hospitals, Editorial Articles, Reviews, Reports of Societies, etc., etc.

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The NEW YORK MEDICAL PRESS was discontinued with the close of its last volume (June 30), and its subscription list transferred to this periodical. The Medical Times will be sent to those subscribers to the Journal of Medicine, and the Medical Press, who have paid in advance, until their respective subscriptions expire. Subscribers to these periodicals who are in arrears, must pay all such arrearages, and renew their subscriptions to this Journal, or it will not be sent to them.

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Medical College of the State of South Carolina.

THE ANNUAL COURSE OF LECTURES IN THIS INSTITUTION WILL COMMENCE on the first day of November, on the following branches:
 JOHN E. HOLBROOK, M.D., Emeritus Professor of Anatomy.
 Anatomy by Prof. FRANCIS T. MILES, M.D.
 Physiology by Prof. JAMES MOUTRIE, M.D.
 Surgery by Prof. J. J. CHISOLM, M.D.
 Institutes on Practice of Medicine by Prof. E. GEDDINGS, M.D.
 Materia Medica by Prof. HENRY E. FROST, M.D.
 Obstetrics by Prof. THOS. G. PRIOLEAU, M.D.
 Chemistry by Prof. C. U. SHEPARD, M.D.
 Demonstrator of Anatomy, SAMUEL LOGAN, M.D.

CLINICAL LECTURES.

At the Roper and Marine Hospitals, twice a week, by the Physicians of the Institutions.

The Anatomical Rooms will be opened in October, and dissections conducted daily by the Demonstrator.

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College of Physicians and Surgeons,

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Fifty-fourth Session—1860-61.

EDWARD DELAFIELD, M.D., President of the College, and Professor Emeritus of Obstetrics.
 ALEXANDER H. STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.
 JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry & Botany.
 JOSEPH MATTHEW SMITH, M.D., Professor of Materia Medica and Clinical Medicine.
 ROBERT WATTS, M.D., Professor of Anatomy.
 WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER E. GILMAN, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.
 ALONZO CLARK, M.D., Professor of Pathology and Practical Medicine.
 JOHN C. DALTON, JR., M.D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M.D., Professor of Chemistry.
 THOS. M. MARKOE, M.D., Lecturer Adjunct to the Professor of Surgery.
 GEORGE T. ELLIOT, M.D., Lecturer Adjunct to the Professor of Obstetrics.
 HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Fall Course for 1860, will commence on Monday, September 24th. This Course free to the Matriculated Students of the College.

The Regular Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures \$105. Graduation Fee, \$25. Demonstrator's Fee, \$5. Matriculation Fee, \$5.

JOHN C. DALTON, JR., M.D.,
 Secretary of the Faculty.

University of New York, Medical

Department. Session, 1860-61.

The Session for '60-61 will begin on Monday, October 15, and will be continued until the 1st of March.

FACULTY OF MEDICINE.

REV. ISAAC FERRIS, D.D., LL.D., Chancellor of the University.
 VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.
 MARTIN PAINE, M.D., LL.D., Professor of Materia Medica and Therapeutics.

GUNNING S. REDFORD, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.

JOHN W. DRAPEL, M.D., LL.D., Professor of Chemistry and Physiology, President of the Faculty.

ALFRED C. POST, M.D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

WILLIAM H. VAN BUREN, M.D., Professor of General and Descriptive Anatomy.

JOHN T. METCALFE, M.D., Professor of the Institutes and Practice of Medicine.

J. W. S. GOULEY, M.D., Demonstrator of Anatomy.

J. H. HINTON, M.D., Professor to the Professor of Surgery.

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Geneva Medical College.—The Session

of 1860-61 will begin on Wednesday, the 3d day of October, 1860, and continue sixteen weeks.

Faculty.

JOHN TOWLER, M.D.,

Dean and Registrar.

JAMES HADLEY, M.D.,

Emeritus Prof. of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.

FREDERICK HYDE, M.D., Prof. of Principles and Practice of Surgery.

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CALEB GREEN, M.D., Prof. of Physiology and Pathology.

HIRAM N. EASTMAN, M.D., Professor of the Practice of Medicine and Materia Medica.

JOSEPH BEATTIE, M.D., Professor of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.

LYMAN W. BLISS, M.D., Demonstrator of Anatomy.

Fees, Payable in advance.—Matriculation (payable once), \$8. Tickets for the whole Course, \$32. Graduation, \$20. Demonstrator's ticket, \$3. Anatomical Material, \$5.

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SESSION OF 1860-61.—THE THIRD REGULAR COURSE OF LECTURES in this Institution will commence on the first Monday in October, 1860, and continue till the first of March, ensuing.

FACULTY.

DANIEL B. CLIFFE, M.D., Professor of Descriptive and Surgical Anatomy.

THOMAS L. MADDIN, M.D., Professor of Principles and Practice of Surgery.

DANIEL F. WRIGHT, M.D., Professor of Physiology and Pathology.

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J. J. ABERNATHY, M.D., Professor of Theory and Practice of Medicine.

JOHN P. FORD, M.D., Professor of Obstetrics and Diseases of Women and Children.

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Sept. 14, 1860